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A Greeting to the Canadian Nurses

From NINA D. GAGE, President of the International Council of Nurses

The nurses of the world are indeed grateful to the Canadian nurses for the delightful way in which they are making plans for entertaining the Congress of the International Council of Nurses next summer. Plans sound more and more attractive, and nurses everywhere are anticipating much pleasure and profit from their visit with you. It was a difficult thing to undertake this entertainment in half the time usually given the hostess country, a curtailment due to activities of the Bolsheviki in China. Realizing this, and the "sporting spirit" in which you have undertaken the project, the nurses are doubly grateful to you.

Due to the war there has not been a Congress of the International Council of Nurses on this side of the Atlantic Ocean since 1901. Consequently most of the younger nurses have missed the thrill of international meetings. Only about 120 Americans and 60 Canadians were able to visit Helsingfors in 1925. Therefore, there is still before you the inspiration and joy of meeting people from all over the world, and realizing that we are all working with the same fundamental problems, and that down underneath the few externals, human behaviour is still the same, whether manifested in Canada or China. Techniques of doing things may vary due to the varying equipment available. General principles to guide action remain the same.

The work of the International Council of Nurses is concerned with nursing not only in member countries, but also in non-affiliated countries where nursing is just being organized. Visitors from these countries will want to see nursing organizations which have been longer organized. We in these institutions can help them in formulating their plans of work, and showing them how similar their foundation principles are to ours. That delightful privilege will be yours, in addition to your others as hostesses for this great gathering. As set forth in the constitution, the International Council of Nurses "aims to provide a means of communication between nurses of various nationalities . . . and to afford facilities for the interchange of international hospitality." You in Canada, having afforded these facilities, will appreciate as never before their great value. And I know that you will feel well repaid for all your efforts by the pleasure you will get in meeting nurses from so many different parts of the earth. Socially and spiritually they will be a joy, and professionally an inspiration as you return to your work after the Congress.

Therefore I am sure that the coming year will be for you the best you have had so far, and I can only wish you many more of equal inspiration, and congratulate you on your opportunities for growth in the New Year.

The Aims of the International Council of Nurses

By NINA D. GAGE

The International Council of Nurses by its constitution says that the nurses of various countries united to advance "the profession of nursing by greater unity of thought, sympathy, and purpose . . . to improve our work in the care of the sick, to promote the health of nations." The aim is to "raise ever higher . . . the public usefulness of their members." "The International Council of Nurses stands for that full development of the human being and citizen in every nurse which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her."

This means that the founders of the federation of nurses realized that there are no national boundaries in the service of society, but that the fundamental needs of man are the same the world over—health of mind, body, and spirit—if he is to do his work in the world. The nurse must do her part in helping him attain and retain his health, teaching him what positive health, not just what "not being ill," means in increased efficiency and ability to work. Health of mind, body, and spirit is a very comprehensive term, but nurses all over the world are being asked to show people what it means, and how to get it. It ramifies into all corners of life, and includes many lines of work not thought of years ago. Every year more and more demands are made of our profession. Fifty years ago a nurse was not supposed to take a temperature or pulse. Now that is a routine duty. During the war many nurses were asked to dress wounds which heretofore had been considered entirely a doctor's work. Public health work and preventive medicine are requiring nurses to know much more of hygiene and sanitation than was necessary in former times.

All these new duties must be studied, and the necessary preparation made to fit people to undertake them. What helps one nurse may be of great assistance to others also, and they should know about it. Only by intercommunication and exchange of ideas, methods, and plans, can improvements in ways of meeting these new duties be made. Epidemics, as that of influenza in 1918, may devastate the world. Nurses can help in preventing the spread of epidemics if they are alive to the best methods, and know with whom to work.

To study these questions; to inquire into the meaning and effects of good nursing; to find out what is wanted of us, and how best to supply that want; to learn how best to co-operate with other people and agencies in constructive health work; to induce better prepared people to enter the profession, so that its work may be better done; to learn what factors influence good nursing, factors political, economic, social, spiritual, physical, mental; these are some of the things on which the International Council of Nurses is trying to throw light by research work. We feel also that the great stimulation of meeting people from widely differing parts of the earth, of having our work judged by our peers as we go from country to country at each quadrennial meeting, cannot but improve the quality of our work. The inspiration of finding that our problems are fundamentally the same the world over, differing only in details, is very great. It very much helps us to better our individual work, and gives us courage to overcome our difficulties, instead of being overcome by them, as is so easy when one feels absolutely isolated.

Working and playing with people of various nationalities, as we do, between and during conferences (at the last conference at Helsingfors 1,050 nurses from 33 different countries talked over mutual problems and difficulties), cannot but break down national barriers, and make for international peace. One cannot hate and fight the people one knows as individuals, whose counsel has helped

one in times of stress. Our membership represents tens of thousands of women and men in many countries. So great a body of people working and thinking towards mutual helpfulness, cannot but react on the citizen body, and make war less possible.

With our full time secretary and headquarters in Geneva, our committees working all over the world, representing all kinds of nursing work, and studying many different aspects of it, and with the results of these studies published by the Council in special monographs, or in our international magazine, with our headquarters as a clearing house for information and discussion of nursing matters, we are trying to find out what nursing service should mean in a community, and how best we may give it that meaning. Only by a world-wide organization can we do this, as only by world-wide research and mutual help can we evaluate causes and effects, and find how best to solve our problems, and do our part in making the world better and happier.

—(The I. C. N., January, 1926).

Nursing Programme in a Community of 5,000 People

By NAN McMANN, Western Supervisor, Victorian Order of Nurses for Canada

The Public Health Nursing programme in the community of 5,000 people is not so very different from that of its bigger sister, except in that it carries perhaps a greater responsibility, as well as a many times greater limitation. The Public Health programme in the small community is so often forced to take under its wing the service that in larger places would be cared for by the special organization. We cannot fail to see that health cannot be promoted in the family where there is not sufficient food to properly sustain life. Wherever we find people grouped together in settlements, we find all classes, from the rich to the very poor and even the slum, the number in each class varying only with the size of the city. And while family social work cannot be regularly delegated to the public health nursing programme, yet many times in the small community we must work through it before we can hope to reach our goal.

We must then seek to give the single service the best qualified nurse available. For, as much will be required of her, she should have at least some knowledge of nutrition and mental hygiene as well as good public health training and a well-balanced judgment.

In outlining our programme we must, of course, have fully in mind the basic principles essential to a permanent service:

1. Legal foundation of some kind—provincial, municipal or private organization.

2. Proper financial support that will insure good leadership in the form of trained workers.

3. Co-operation of the Board of Health and of the physicians, who, after all, are the guardians of the community health.

With the Board of Health interested and co-operating we will be insured the very basis for good public health work: pure water, safe milk, and proper sanitation.

The small unit calls almost entirely for the generalized service: teaching each member of the community the rules that underlie health. We must keep always in mind that teaching is our main function, whether it be at the bedside, in the class or clinic, or in the home visit. If we are to start at the very beginning, looking toward our goal—the preservation of life and the prevention of disease—we must then concern ourselves first with the expectant mothers. These divide themselves at once into two distinct

(A paper read at the Annual Meeting of the Canadian Public Health Association, 1928, and published by courtesy of the C.P.H.A.)

classes. First, we have the happy-faced, bright-eyed mother, revelling in the joy of a new life, eager for knowledge, with one supreme wish: that her baby may be well born and her own life protected. She has her own physician, but, busy with many things, the days slip by quickly and she fails to consult him until she has passed into the danger zone. The nurse visiting regularly, in addition to urging that she consult her doctor early and frequently, will give her much instruction in the proper care of herself, of her diet, and in general the rules of hygienic living. We may here sometimes forestall the advice of the kindly neighbour, who is always with us.

Against this class we have the pale-faced, over-worked, under-nourished mother, with hardly enough means to cover the daily need and nothing left for medical care for herself. She sees, perhaps, no joy in a new life, only an added burden, and it is to this group, as a public health organization, we owe so much. While we regret that many times these cases are not reported until very late, yet the nurse carrying on the generalized programme soon grows to know the expectant mothers in her area.

The prenatal contact must be most carefully and tactfully made, but once established, the nurse gets very close to the mother and may observe every detail of her daily life. Often the nurse is the only medical contact the woman has until her confinement, and great is her responsibility to watch for the small danger signals and thus forestall disaster. Where prenatal clinics have been established by the medical association or the hospital, the nurse working in close touch with these has found her hand strengthened. Or when the clinic is not indicated, the mothers' class will be of great value as a time-saving device, bringing the mothers together for group instruction and personal checking up. These classes, however, do not have a doctor in attendance and are without value from the point of medical examination. Always we must give first place to the regular systematic home visit where the real personal contact is made.

Here we may speak of the nursing service as a very real part of any public health nursing programme, and especially in the small community. The present-day nursing programme has left far behind it the older conceptions of just care of the sick, and has struck out on the other foot, until now it is considered as playing a very large part in the educational programme. The nurse who has been called by the family and has given them a specific service has indeed an "abundant entrance" into that home. As she works she teaches: teaches, however, from a first-hand knowledge of conditions as they exist, and may it not be that in her comings and goings in that home she has been permitted a peep into the ice-box, the pantry, etc., which might have been denied her as a purely educational visitor?

Who can over-estimate the value of trained obstetrical care during the confinement period and of the post-partum care following? A good prenatal programme may prove useless if proper care cannot be provided for the confinement and postpartum. Truly the baby who has been born, protected by skilled care from the avoidable accidents of birth and carried through his first danger days, will surely be launched into the Child Welfare division unhandicapped. Then the mother who has been taught the proper nursing procedures in the care of her family has surely benefitted greatly from an educational standpoint. For, after all, the care of the sick can only be given through a well-instructed family.

Following the prenatal period with the confinement and postpartum care, we must look to the third and very important phase of the nurse's work: the Child Welfare programme. There are here, however, many things to be studied carefully if an effective programme is to be instituted; for the small community usually places a financial limitation that may, in turn, limit us in regard to the required number of workers. We must then map out a very concise and clear-cut programme if we are to draw the greatest possible interest on our in-

vestment. We may well look carefully into the matter of birth registration and infant mortality as expressed in terms of follow-up work.

Let us then divide the Child Health programme into three distinct phases:

1. Infant.
2. Pre-school.
3. School.

The infant work is again divided into three methods:

1. Clinic.
2. Home Visits.
3. Other Instruction.

The clinic, to the nurse seeking to do a full programme in the small community, is of the greatest value, for the well-equipped clinic for medical examinations and supervision of the infants and young children will enable the nurse to give considerable group instruction, and with an accurate knowledge of weight and development she will then be able to grade her home visits in proportion to the need. The clinic may be held in some central place, and, when under the direction of the medical association, proves most successful. The clinic visit will, of necessity, many times be followed by the home visits for individual instruction and demonstrations, to see that instructions are understood by the mother and interpreted in terms of the home.

Again, when the clinic is impractical, the Baby Conference may be substituted, when the hours would be given entirely to weighing and measuring and giving instructions, with no doctor in attendance.

We must not forget the babies who for any reason are not able to attend clinics or conferences and need the special care of the nurse. These must come under the head of regular home visits. Along with these organized efforts much can be done through an educational attempt toward personal hygiene, with special emphasis on infant hygiene. This might be covered under the head of community classes or a Little Mother's League when time will permit.

Perhaps no part of the child's life is so neglected as the years from two to six, known as the pre-school period. It is during these years that the baby, sometimes displaced by the new arrival, goes along, either growing normally or developing the various defects of mouth, teeth and eyes, or the more serious defects of bones through faulty nutrition. In many cases these defects go unnoticed until the child enters school, and he must of necessity, then enter school handicapped. We consider that when the Public Health nursing programme can give to the pre-school child his place in the preventive work, so that he may start his school career with teeth, throat and eyes in good condition, vaccinated, and immunized against diphtheria, that his school record will tell a different story. This service may best be done through clinics and by constant urging of the parents to have their pre-school children examined by their physicians, and defects corrected. It is perhaps in the pre-school child programme that we are hemmed in with our greatest limitations.

The school health supervision is a large branch of the Public Health programme that may come under the generalized nursing or may be cared for by the Department of Education. This supervision is, however, given for a five-fold purpose:—

1. To discover physical and mental defects.

2. To protect the community from the spread of communicable disease.

3. For physical education.

4. For teaching the principles of healthy living.

5. To insure proper sanitation of school buildings.

With a definite programme well arranged it would be hard to estimate the value of this phase of public health work in terms of health education. We must remember, however, that the best school work can be done in the prenatal and the pre-school years.

In communicable disease control the public health nurse plays a very definite part. As she goes about through her community, in close touch with the individual family, the suspicious case found and reported may avoid an epidemic. It is here she

must work in close co-operation with the Health Office. visiting the families of reported cases, instructing the family in the conduct of quarantine and isolation, and demonstrating, if necessary, the technique of nursing care.

Then there must often come under the generalized programme that other great branch with which public health is so concerned today—tuberculosis. While the whole public health programme is working steadily toward the defeat of this great enemy, yet it has thrown such a mantle over the community that much intensive education work must be done if any headway in the situation is to be gained. The clinic where expert examination may be given the active, as well as the contact case, is perhaps of greatest value. The follow-up visits should be regular and systematic, and it is to the home teaching that we must look for the final "routing of the enemy". Whether this phase of the work is under the generalized programme or under the Department of Health, it must be considered one of the utmost importance.

Let us look back and sum up our programme, prepared as it has been, to cover the field of sickness, prevention and care, as well as health education. We may feel that our limitations so outrun our possibilities that we are overwhelmed when we consider the need for this complete health service, yet let us have patience—realizing that the baby must creep before he walks, and walk before he runs. May we then be determined to give to our mothers, who are so quietly laying the foundation of our country, the help and support they so sorely need, and to the children who are our Canada of tomorrow, the privilege of being well born and launched out with a whole rudder and a full sail, as we hand over to them the destiny of our nation.

Ottawa

Ottawa, the capital city of Canada, is preparing to welcome the hundreds of nurses who will attend the International Congress at Montreal in July. Ottawa is a hundred and twenty-five miles west of Montreal and has a railway connection with that city of ten trains daily, while the motor drive along either of the provincial highways is a most delightful journey.

Ottawa was chosen as Canada's capital by Queen Victoria more than seventy years ago. It is beautifully situated. the grounds of the Parliament Buildings taking a sheer drop of two hundred feet to the turbulent Ottawa River. Few cities in Canada, or in any other country, are blessed with so many trees and boulevarded streets. Gardens are Ottawa's glory, and there are forty miles of park-like driveway through the city and its environs.

Of first importance are the Parliament Buildings, a magnificent block of three separate buildings in the Gothic tradition. From their centre rises the Victory Tower, 300 feet high, which contains the beautiful Memorial Chamber. Ten years were spent in the building of this one room. In the centre of the Chamber, on a white stone altar, is the Book of Remembrance, wherein are inscribed the names of those Canadians who gave their lives in the Great War. In the Victory Tower is also the famous carillon of fifty-three bells,

—By courtesy Canadian National Railways.

FEDERAL PARLIAMENT BUILDINGS AT NIGHT

the largest musical instrument in the world. To sit in the lovely grounds of the Parliament Buildings, high above the river, and listen to a carillon concert is one of the joys of a visit to Ottawa.

The Victoria Memorial Museum houses the pictures belonging to Canada's National Gallery, as well as one of the most remarkable collections of Indian relics and handiwork in existence.

Lansdowne Park, through which runs the fine government driveway, is the locale of the Central Canada Exhibition, which, in August, draws hundreds of thousands of people from all parts of the continent.

Chaudiere Falls is one of Ottawa's lovely spots, as is also Rockcliffe Park, with its beautiful view of the river.

The thousand-acre Dominion Experimental Farm, with its observatory, laboratories, poultry, bees, horses, orchards, fine greenhouses, and huge flower beds, well repays a visit.

Of particular interest to nurses is Ottawa's Civic Hospital, a group of five buildings situated in their own park just outside the city. These buildings were recently completed at a cost of five million dollars. In the centre of the city is the General Hospital, operated by the Grey Nuns of the Cross, who, last year, added a large wing, perfectly equipped, to their institution.

Other places of interest in Ottawa are Rideau Hall, the residence of the Governor General; the home of the Premier; the Royal Mint; the Dominion Archives; the Sacred Heart Church; the University of Ottawa; Nepean Point Park, and the entrance to the Rideau Canal. The first locks of this canal were built by Colonel By a century ago. In his honour the village was called Bytown, the name latter being changed to Ottawa.

Between Ottawa and Toronto is the famous Rideau Lake fishing country, and north of the city, the Gatineau district, with its wonderful electricla development and its fine lakes and mountains.

The League's Latest Enterprise

By JEAN E. BROWNE,
Director, Junior Section, Canadian Red Cross

Since the League of Red Cross Societies was organized at the famous conference at Cannes in 1919, its few years of existence have been characterized by experiments and adventures on the one hand, and rather remarkable achievements on the other. It seems already to have justified the faith and optimism of its founder, Henry P. Davison, whose mantle of courage and enterprise has fallen on those who succeeded him. Perhaps this spirit has not been more clearly demonstrated than in the recent experiment of the Summer School for "Old Internationals" held during July and August, 1928, at Bedford College.

For those readers who are not familiar with the term "Old Internationals", an explanation of both words may be necessary. The word "Old" is not exactly synonymous with "ancient", nor does the word "Internationals" denote some new and dangerous cult. Rather these are the words used to describe all the nurses who have taken the year's post-graduate work arranged by the League of Red Cross Societies at Bedford College. At the end of the present year 1927-1928, 141 students from 39 countries have profited by this course.

When word went round the world that there was to be a reunion of "Old Internationals" at the Summer School, there was a good deal of speculation as to the number who would come or would be sent by their national Red Cross Societies. Fifty was regarded as an optimistic estimate, but when registration was completed, it was found that there were 79 students from 27 countries. Most of these came from the various European countries, but India, China, Mexico, the United States, and Canada were also represented.

The Summer School opened with the ceremony of the presentation of diplomas to this year's class. Sir Arthur Stanley, Chairman of the British Red Cross Society, presided, and on the platform were the Lady Mayoress of London, who presented the diplomas; Miss Tuke, Principal of Bedford College; Lady Barrett, Dean (Royal Free Hospital) School of Medicine for Women, University of London; the principal speaker, Colonel Draudt, Vice-Chairman of the League, who gave the opening address; Dame Sarah Swift; Sir Wilmot Herringham; Mr. Kittredge, and Countess Frascara Before the close of the meeting a vote of thanks was very fittingly proposed by Miss Das of India, representing the East, and seconded by Miss Ruby Hamilton of Canada, representing the West. This was a case where East and West did indeed meet with understanding and sympathy.

After the formal ceremony the guests were entertained at a garden party in the beautiful and spacious grounds of Bedford College. It was a little hard to believe in the reality of this being a garden party in London. It was much more like a pageant of the Heart of the World. Dignified professors in full academic dress from London, from France and other parts of the world were seen gaily chatting with nurses in the costumes of the countries from which they came—China, India, Spain, Greece, Bulgaria, Roumania, Italy, Finland, Belgium—while the more soberly-garbed guests formed a background of the everyday world for this festive scene.

The international aspect was further emphasized by a sale of work contributed by the "Old Internationals". Dolls from Spain, dressed in all the splendour of lace, jewels and embroidery, smiled across at a group of their comrades from Finland. Needlework from Bulgaria vied with the embroideries of Roumania, Greece, Poland, Finland and Italy. Belgium was represented by lace and brass; China by fine linens and satin bags; Austria by delicately painted glassware; English pottery and china were

attractively displayed, and the Canadian Murray Bay homespun blankets introduced the idea of the combination of utility and beauty. The utilitarian aspect of the sale was also demonstrated by the fact that approximately £170 was cleared, and so the debt on the piano at the residence of "Old Internationals" at 15 Manchester Square was wiped out.

By the middle of the first week, the school settled down to work, with lectures all the morning, and to demonstrations, discussions, or excursions to institutions in the afternoons. With no examination at the end of the Summer School, the continued application of the students could only be interpreted as a keen desire for knowledge. The committee which worked out the syllabus for the Summer School is to be congratulated on its wise provision for regular periods of discussion. Those following the lectures served not only as a means of elucidating and emphasizing the points made in the lectures, but also brought out very valuable contributions from the experience of the various students.

The lectures were so arranged as to stimulate thought and discussion. Miss Melhuish, lecturing on the Principles of Education, and Miss Edgell on Ethical Principles and Practical Problems, laid the foundation for the application of these principles to the practical work in training schools for nurses. Miss Gertrude Hodgman, of the staff of the Yale School of Nursing, brought to the classes many illuminating methods of dealing with problems which exist in all training schools for nurses, but her greatest contribution was her elucidation of the scientific attitude towards these problems. Each student in her classes should be better able to face her own special difficulties and to think clearly through her own problems; she should come to depend less on discipline per se, and more on a sympathetic understanding of pupil nurses, and she should come to scrutinize more carefully the traditions of nursing in the light of the present day developments of science. Special lectures were given by experts on various topics: those on Public Speaking were given by Miss Bell; on Publicity by Miss Smith; on Nursing Legislation by Miss Reimann; on Junior Red Cross by Miss Charlotte Kett; and three remarkable and intensely interesting lectures were given on Mental Hygiene by Dr. Auguste Ley, Professor of Psychiatry, University of Brussels.

In order to appreciate the full value of a course such as this, we must keep in mind the fact that most of the nurses who attended the course are pioneers and leaders in their own countries. Many of them got their first glimpse of public health work and scientific instruction in training schools for nurses during their year's course in Bedford College. Following that, many of the students organized various types of work in their respective countries. There comes a time when the pioneer is apt to be discouraged and depressed, and even grow stale unless she is able to make further contact with those who have met and overcome difficulties similar to those with which she herself is confronted. She needs more information, and, above all, inspiration. It was in order to provide these three essentials that the Summer School at Bedford College was organized. No one who had an opportunity of watching it in operation could harbor the least doubt of its having performed this all-important function. One could almost say that the Summer School was a necessity in order to reap the full benefit of the regular courses which have been in operation for the last seven years.

At meal-time, on Sundays, and on excursions, the Summer School changed into a glad reunion of old and new friends. There were no frontiers in evidence. All were "Old Internationals," no matter of what race, religion or language—an ideal League of Nations in deed if not in words.

Various delightful entertainments were provided. The group was received and entertained at tea by the Lady Mayoress at the Mansion House. On a perfect July day the whole group,

by the aid of three large charabancs, descended on Paddockhurst, the beautiful Sussex estate of Lord and Lady Cowdray. There the students were received by the kind and charming Lady Cowdray and entertained at luncheon and tea. During the interval between luncheon and tea, they wandered over as much as possible of this vast and interesting estate. Lady Beeton was also a charming hostess at her home in Surrey, and considerable additions were made to the general fund of gaiety and good humor by such pleasant occasions as the swimming competitions held at the Royal Automobile Club.

The Summer School ended with a dinner-party to which were invited many distinguished guests. Mlle. Mechelynck, the newly-elected President of the Alumnae of "Old Internationals," acted as Chairman. Toasts were proposed to the League of Red Cross Societies, Bedford College, the College of Nursing, and the House Committee of 15 Manchester Square. After dinner the guests were entertained with music by several of the students and national groups, and the Summer School closed on a note of harmony, enthusiasm and inspiration.

EDITOR'S NOTE.—No account of the Summer School would be complete without mention of the very great contribution made by Miss Browne herself in her series of eight lectures on the "Principles of Teaching Applied to Health Education". From the background of her own wide experience as teacher, nurse, and Director of the Junior Red Cross, she dealt most illuminatingly with the problems of teaching health to various age groups. To illustrate her lectures, arrangements had been made through the Public Health Section of the College of Nursing for the giving of a health play by a Junior Red Cross Group, a demonstration of home nursing procedures by 'teen-age girls, and mothercraft teaching. Each lecture and demonstration was followed by a discussion led by one of the international students.

—(The World's Health, October, 1928.)

—By courtesy Canadian National Railways.

THE CHATEAU LAURIER, OTTAWA

Occupational Therapy

By GENEVIEVE L. HURD, Executive Secretary, Victorian Order of Nurses for Canada, Montreal District.

The Montreal Branch Victorian Order of Nurses is thirty years old. One of its children, the Occupational Therapy Department, is just three: still in its infancy and still prone to fall into the pitfalls and mistakes of childhood, full of the uncertainties of youth, but with a wise public health mother it has nothing to fear for its future development and life.

The Occupational Therapy Department in Montreal came into being as the result of requests on the part of staff nurses for some sort of occupation for chronic and convalescent patients of the Order; patients who lay in bed day after day, not always in happy surroundings, with no outlet for weary brains, tired hands and sad hearts. Often the four walls of their rooms was the only horizon they had known for months. Soul weariness is reflected in retarding progress towards recovery, and here is where Occupational Therapy, or invalid occupation, as it is sometimes called, is pressed into service.

Occupational Therapy is not a cure in itself. It acts principally as a mental stimulus. It conserves in some degree whatever is left to the patient of healthy functioning, and decreases the feeling of helplessness and hopelessness which is fostered by so many patients, and quite naturally. Where the bread winner is the patient, it is inevitable that he brood over his inability to provide for his family. When the mother is ill, she worries over her inability to care for the family and attend to the details of her home. When the child is ill, it frets and is discontented because it cannot play like other children. Inevitably the result is the same in all cases: a slowing up in the cure process, because worry and discontent are enemies of repair.

The department operated originally by volunteer workers. For two years now, Financial Federation has granted salary for a craft-worker who is responsible for visiting all cases, preparing work for the patients, arranging for sales of finished goods, and keeping contact with other organizations which may be interested in the particular cases. Three volunteer workers assist her, and their help and advice have been an invaluable aid in building up the work of the department. (Special mention must be made of the wonderful assistance given by Miss Elspet Stephen in lining and finishing the articles before they are ready for market.) It is pioneer work, this Occupational Therapy, the first effort made in Canada to take work to invalids in their homes.

All cases are referred by the nurses who first consult the attending physician as to whether or not occupation would benefit the patient. The Occupational Therapy worker then visits the case. She takes samples of raffia work in which the department specializes, and establishes a contact with the family and patient which is the first step in successful rehabilitation work. It is the rule, rather than the exception, that immediately the patients see the brightly coloured raffia strands and examine the lovely bags and purses which have been made by equally handicapped people, their interest is caught and they are eager to try the work themselves. Unconsciously their outlook on life changes as the work progresses, soon they are competing with other workers, no longer tortured by the feeling of dependency

on someone else: they are independent again.

Frequent consultations with the nurses attending the case, and in special cases with the district superintendent, insures that the patient will not suffer from overwork or strain.

All finished articles which are marketable (in 1927 only five out of some 310 remained unsold) are sold either through the Hwai King Mission Shop in the Mount Royal Hotel (which charges no commission, but asks that the Victorian Order accept this gesture as proof of their interest in the Order), or are sold to the Canadian Handicraft Guild Shop. As the Guild recognizes only the highest standard in craft work it is obvious that our work is of a first class order. During the annual Guild exhibition in the Art Gallery the department received prizes for three out of five entries.

The cost of the materials plus 10 per cent. to cover transportation costs, etc., is deducted from the selling price of the article, and the net proceeds are given to the patients. No stress is laid on the financial gain from the work, and yet in so many cases the little amount earned has meant warm mittens for Willie, or tobacco for father, or some little gift for mother. In more than one instance the money has helped to buy some necessity—new teeth, crutches, and at present we know of one case where it is being saved to buy — a wooden leg.

During 1927 forty-seven patients were cared for by the department, and 866 visits were made to or on behalf of these patients. Of these patients, there were 9 children, 24 women and 14 men. In ages they range from nine to eighty, and they suffer from diabetes, tuberculosis, heart disease, cancer, arthritis and paralysis. A few of them are incapacitated temporarily only and will eventually recover, but the vast majority are chronic cases and will continue as wards of the department indefinitely.

There is abundant need for occupation even for those whose cure it does not help. For patients who are not expected to recover and for many chronic sufferers, work and the sight of beauty are as needful as food and sleep. For work and beauty are a large part of what makes life worth living, a powerful aid in the fight against degeneration, boredom, sorrow and despair. To make something beautiful or useful and at the end of a day or a week to see what we have accomplished is to be alive and in some encouraging degree successful, no matter what illness may be doing to us.

The old reliable, our Norwegian sea captain, 80 years old, and a paralytic under the care of the Victorian Order of Nurses for 18 years, is one of the most enthusiastic workers we have. Raffia work did not appeal to him, but wool work did, and he has run the gamut of experience from knitting golf socks and children's reins to embroidering homespun bags. He is never idle, and were he not a grandfather he would be a shining example of the industrious grandmother to the household in which he lives.

Two other patients—a man of 67, paralyzed, and a diabetic woman of "over 70" as she says, were added to the list a few months ago. Both were skeptical of the work—the man because needlework did not appeal to him at all, and the woman because she had done nothing for so long she was quite sure her usefulness was over. It has now become a problem to keep them supplied with work, and almost before the last stitches are secured, interested members of the family are telephoning advance requests for visits. I wish you might see the man half-propped up in bed, smoking his pipe and talking through a cloud of smoke to his next door

neighbour, Tom, who sits with him every afternoon. Much consideration is given by each as to the exact shade of raffia to be used, and the worker is always hailed with delight. Although one pair of hands has fashioned the article, two heads and hearts have gone into the planning of it, and the pride in the finished article is shared equally. No remuneration is accepted for the work: it is a gesture of gratefulness to the Order for the care and attention bestowed by the nurses.

A fifteen year old girl with a serious heart condition presents a difficult problem: to lie in bed all day when one is just fifteen is so hard. Here all the ingenuity and resourcefulness of the worker is called into play, for new designs must be created, colours must be changed, and a variety of articles planned in order to hold the attention and not allow it to wander too much to toboggan slides and skating rinks and all the other things that one loves when one is fifteen. Occupational Therapy demonstrates here its possibilities for definitely recreational diversion that will gradually but inevitably assist the nurses and doctor in their attempt to build up and consolidate the health processes of the child.

A visit to a display of articles made by these patients demonstrates to some degree what the department accomplished tangibly in three years. It does not tell of the brightness and hope and interest that have been brought back to many of our patients: the intangible, elusive values which are a part of existence and cannot be expressed in concrete form.

Canadian Council on Child Welfare

At the ninth annual meeting of the Canadian Council on Child Welfare held in Ottawa on October 22nd, 1928, the Canadian Nurses Association was represented by Miss G. Garvin and Miss G. Bennett, of Ottawa. During the same week round table conferences were held on Child Labour, Juvenile Delinquency, and Juvenile Immigration.

The executive secretary's comprehensive report covered the development and expansion of the Council during the past three years. In referring to the Council's general educational services it was explained that the Council's function is interpreted as primarily that of an educational agency, co-ordinating public and private endeavour in the Canadian child welfare fields and seeking closer co-ordination of the principles and practices dominating such effort within the different provinces of Canada.

Among the many activities receiving the attention of the Council is that of health education for teachers in training. The Council stresses definite training by instruction through physicians and public health nurses for public and personal health of all teachers in training in the provincial normal schools. Such services are now provided in all the provinces except Ontario and Quebec. The subject is definitely under consideration for adoption in the former province.

In adopting the report of the Child Hygiene Section the Council approved

the suggestion that in the next three years this section concentrate largely on prenatal and maternal care, and infant and pre-school welfare, with special emphasis on breast feeding and nutrition. The plan includes:

1. The appointment of one full-time worker to the staff of the Canadian Council on Child Welfare, to give entire time to these publications and their distribution. As at present, the publications would be prepared by authorities on the various subjects, who are actually at work in this field. The Council would continue to be a publishing, distributing and educational agency. This worker would be an experienced Canadian public health nurse.

2. The regular publication of maternal and child welfare articles in various Canadian publications, as already arranged. These would be varied and regular, as the appointment proposed would make this possible.

3. The more intensive distribution, in co-operation with the provincial departments of health, as already arranged, of the prenatal letters in English and French.

4. The widespread distribution, through the present channels, of diet folders, health folders, etc.

5. The creation of a special maternal and child health exhibit, parts of which are already available for loan to health and women's organizations, etc.

6. Special distribution and educational work, by the person in charge of this department, through the medium of summer and fall fairs, summer picnics, Sunday school gatherings, women's conferences, etc.

7. All work carried on, as at present, to be in close co-operation with provincial and municipal health authorities. The Council, being a purely educational agency, with no operative interests in any community, is peculiarly fitted for co-operative health education work with the different public and private agencies, operating in this field.

The revised and amended constitution of the Council makes provision for the enrollment of Sustaining Patrons—"Any organization, institution, or agency interested in the objects of the Council, with the approval of the Governing Board and on payment of not less than ten dollars per year, may be enrolled, and shall be entitled to receive:

1. All publications of the Council.

2. Privileges of the offices of the Council for information service.

3. Assistance of the officers of the Council in co-ordinating child welfare programmes, or in outlining child welfare investigations.

4. Facilities of the Council offices for educational publicity.

5. Facilities of the Conference for educational publicity.

6. Consultant services of the officers of the Council as desired.

The by-law governing membership was revised to read:

1. Membership shall consist of two classes:
   (a) Organization Members.
   (b) Individual Members.

2. Organization membership shall be open to any organization, institution, agency, group, etc., having the progress of Canadian child welfare in any phase, included, wholly or in part, in their programme or general activities.

3. Individual membership shall be open to any individual interested in or engaged in child welfare work in Canada, upon payment of the usual membership fee, whether that individual is in the employ of any government in Canada, or not.

4. Notwithstanding anything contained in this section, the Governing Board reserves the right to refuse any application for any class of membership in the Canadian Council on Child Welfare, and further reserves the right to request the resignation of any member from membership in the Canadian Council on Child Welfare.

5. Organisation membership shall be of two classes:
   (a) National Membership — National membership shall be restricted to organizations provincially incorporated, or submitting with their application for membership, evidence of active work, and existing organisation within, at least, four provinces of Canada.
   (b) Provincial Membership—Provincial membership shall be restricted to organisations provincially incorporated, or submitting with their application for membership, evidence of active work, and existing organisation, on a provincial scope, within the province of application.
   (c) Municipal Membership—Municipal membership shall be restricted to organisations local in their organisation, scope and activities.

The work of the Council will be carried on under the following sections:

Child Hygiene.
The Child in Employment.
Recreation.
Education.
The Child in Need of Special Care.
Delinquency.
The Spiritual and Ethical Development of the Child.
The French-speaking Section.

Scholarship Tour, Canadian Tuberculosis Association

Recently thirty-five medical men, members of the Canadian Tuberculosis Association, spent eleven weeks touring Great Britain and Europe, during which time they attended the Conference of the International Union against Tuberculosis, held in Rome from September 25th to 28th. This tour was made possible mainly through the generosity of the Sun Life Assurance Company of Canada.

While the itinerary was planned to include as many places of professional interest as possible, no opportunity was neglected to visit also places of more general interest for their natural beauty or historic association.

Upon the return of the party, Dr. R. E. Woodehouse, executive secretary of the Canadian Tuberculosis Association, issued the following official statement:

"The itinerary included Great Britain, France, Switzerland and Italy. The impressions of representative members indicate that the tour has been not only extremely interesting but most instructive. The attention of the medical members was directed to matters pertaining to tuberculosis and to various public health aspects both in administration and practice.

"Among the problems investigated were the following: Municipal housing schemes, sanatorium construction and equipment, diagnostic and therapeutic measures, post sanatorium care of the tuberculous, infant and child welfare, special measures and activities to protect children from infection, governmental and voluntary contributions to maintenance and construction programmes, public health activities and administration as exemplified in such cities as Birmingham, London, Paris, Edinburgh and Glasgow and the national Fascist Federation and Insurance plan of Italy.

"Such a comprehensive plan of investigation naturally resulted in a vast amount of valuable information being obtained which, on further assimilation, may result in some practical measures applicable to Canada being evolved.

"Having in mind the density of population in European countries as compared to that of Canada and the difference in climatic conditions, it is easy to appreciate that it is difficult to transplant ideas, methods of administration, or types of construction, without adequate adaption.

"Among the most striking activities noted were:

"(1) The protection of the uninfected child from disease.

"(2) National insurance schemes, carrying benefits of treatment.

"(3) Municipal housing schemes, displacing slum areas with hygienic homes.

"(4) While it seems to be a common practice in Europe for governments and municipalities to make very liberal contributions towards defraying the cost, both of construction of sanatorium buildings and of the main entrance of patients therein, there is still a large field for voluntary effort, and this obligation is being very generously met by the general public.

"The wonderful hospitality and courtesy extended by three national governments, national tuberculosis associations in England, Wales, Scotland and in France, six universities, the office of the League of Nations at Geneva, as well as that of numerous municipalities and hundreds of individuals, made the tour a remarkable privilege throughout."

New Brunswick Association of Registered Nurses

By GERTRUDE WILLIAMS JONES and EMMA MITCHELL

When a nurse graduated in New Brunswick, prior to 1903 (and for some years after), she took up private duty as a matter of course, for very few institutional positions were filled by nurses at that time, and almost no other line of nursing service was open in the province.

Three friends, classmates, graduates of the Saint John General Hospital Training School, meeting as often as was possible, constantly discussed their individual problems, and, feeling the need for such interchange of ideas and experiences with other nurses, agreed that a nurses' society was desirable. During the preliminary work of organization, these nurses, Miss Melissa A. Brown (Mrs. J. Arthur Freeze, Sussex, N.B.), Miss Ada A. Burns, now superintendent of V.O. Nurses, Saint John, and Miss M. Gertrude Williams (Mrs. Walter S. Jones, Albert, N.B.), received valuable assistance and advice from the late J. H. Scammell, M.D., of Saint John.

All graduates of the Saint John General Public Hospital were invited to meet in the rooms of the Saint John Medical Society, on April 1st, 1903. Sixteen nurses responded and warmly endorsed the idea of forming an association, as they fully realized that an organized society would be of much benefit to the increasing number of graduate nurses in the city. At this meeting was organized the Graduate Nurses Society of the Saint John General Hospital. Dr. J. H. Scammell and Dr. T. Dyson Walker, members of the staff of the General Public Hospital, were present and gave valuable suggestions as to the future possibilities of such a society, giving the nurses every encouragement in their new undertaking.

The sixteen charter members of the society are: Mrs. M. Armstrong, Miss A. Delaney, Mrs. Brittain, Miss Ida Smith, Miss A. M. Pitt, Miss M. M. Holder, Miss M. Wetmore, Mrs. P. J. Donohue, Miss M. E. Robertson, Miss Julia Murphy, Miss Marion Smith, Miss M. Gertrude Williams, Miss Isabel Stewart, Miss Melissa A. Brown, Miss M. A. Miller. The first officers elected were: President, Miss Isabel Stewart; First Vice-President, Miss M. Gertrude Williams; Second Vice-President, Mrs. P. H. Donohue; Secretary, Miss Melissa A. Brown; Treasurer, Miss Mary Robertson.

The president appointed a committee on Constitution and By-Laws: Miss M. G. Williams, Miss G. Pitt, Miss M. Brown, and a second committee on Membership Fees: Miss M. Miller, Miss M. Smith, Miss M. Holder, and Miss K. Holt.

The main objects of the society were:

1. The union of graduates for mutual help and protection.

2. To promote the interests and good standing of the nursing profession, and, first of all, of their own school.

3. To promote social intercourse and friendliness among graduates, also to arrange for a uniform fee and to establish a registry, enrolling only graduate nurses.

The early general meetings of the society were held in Doctor Scammell's office, as the renting of a heated room was too expensive for the infant society. Later, the Commissioners of the General Public Hospital offered the use of the Board Room, which was gratefully accepted, and was the meeting place of the Society for some years. The meetings are now held in the lecture room of the nurses' home, and the Association has enrolled one hundred and ninety-two members.

The first work accomplished was the establishment of a registry in Saint John, all nurses holding diplomas being enrolled on payment of a small fee. All doctors in New Brunswick were notified that the registry would answer day and night calls and endeavour to supply nurses as required.

Early in its history, the Society spent a great deal of time and energy in trying to start a library where

nursing and medical literature might be kept for reference and where the Society papers could be permanently stored.

The Saint John Women's Council warmly congratulated the nurses on their successful efforts to organize another women's society in Saint John and invited affiliation with the Council. Later, the nurses accepted the invitation, fully realizing the advantages offered by such a connection.

In March, 1904, the Society purchased an oxygen outfit and, while oxygen was a popular remedy, the doctors of the whole province depended upon this source of supply. The late Dr. T. D. Walker gave a demonstration to teach the nurses how to use and care for the apparatus. The Society deeply appreciates the faithful and efficient manner in which the registrar at that time, Miss Hattie Hunter, carried on the nurses registry and managed the oxygen business. The oxygen proved quite an asset; many urgent calls were received and filled promptly, all New Brunswick hospitals getting their oxygen from the Society.

During the first year, twenty-nine nurses were enrolled as members of the Society, a registry for nurses was established, and an oxygen outfit purchased. It is interesting to note that during the year ending April 1st, 1906, the following calls were received at the registry, three hundred and sixteen calls, one hundred and forty-two from city doctors, seven from Nova Scotia, twenty-five from places in New Brunswick, and fourteen calls came from six hospitals. Since the registry office had only been opened in May, 1903, this record was most encouraging.

After six years of activity, the Graduate Nurses Society of the Saint John General Public Hospital decided that the time was ripe for enlarging its boundaries, as the registry carried names of many nurses who were graduates of outside schools. With this object in view, on March 1st, 1909, the parent association sank its identity in the organization of the Saint John Graduate Nurses Association, which admitted to membership any properly qualified graduate nurse, resident in Saint John. It is interesting to look back and see how localized the efforts were in the days when communication and transportation were slower. One feels sure that it was not through selfish motives that the pioneer Society confined its membership and interests to graduates of one hospital. It was due, rather, to modesty and lack of vision in not realizing that from such a small beginning a great work would grow.

In 1910 the Graduate Nurses Association started a Sick Nurses' Benefit Fund. The Opera House management agreed to let the nurses put on a specially advertised movie show, when nurses in uniform sold tickets and did the ushering. The people responded magnificently with packed houses at two performances, many being unable to gain admission. The Association, through the establishment of this fund, has been able to accomplish much good in assisting sick nurses.

In 1914, the Saint John Graduate Nurses Association became affiliated with the Canadian National Association of Trained Nurses. In 1915, the sum of $60.00 per year for four years was pledged to further the interests of *The Canadian Nurse*. This is a very useful and interesting magazine and improves steadily.

During the first year of the Great War the membership of the Association increased rapidly, as the Department of Militia and Defence required applicants to the C.A.M.C.N.S. to be members of nursing organizations in their own province. Young women flocked home to Saint John in order to volunteer for overseas duty. Therefore, in 1915, the membership and scope of the effort had again outgrown the name of the Saint John Graduate Nurses Association and become the New Brunswick Association of Graduate Nurses at the adolescent age of twelve years, and at once prepared to shoulder adult responsibilities. The first step was the securing of the incorporation of the Association and the provincial registration of nurses, thus raising the standard

of nursing in New Brunswick and assuring the prospective pupil nurse of a definite and recognized curriculum.

The Nurses' Bill as prepared by the Nurses' Committee asked for a minimum average of twenty-five daily occupied beds, but the Association was obliged to lower this to fifteen beds in order to secure the passing of the Bill. This low average seemed a tragedy to the applicants, but the several small hospitals in the province had to be considered. Later, some hospitals met the required standard through affiliation with larger hospitals, while others aimed to accomplish the raised standard in their own institutions. The Bill made provision for C.A.M.C. nurses absent on overseas duty and for qualified nurses in New Brunswick, giving the latter two years in which to join the Association and become registered. The nurses in training at the time of the passing of the Act (April 29, 1916) were also given consideration. The overseas nurses gave no trouble, but many nurses resident in New Brunswick did not seem to be aware that New Brunswick provincial registration of nurses was of any value until the two years had expired and the incorporated association began to require that applicants for membership meet the required standard. Then many nurses asked for concessions on various grounds. The object in giving the two years waiver was that all New Brunswick nurses might be eligible for membership in the Association and for registration, and might thus all start equal as to qualification. It is regrettable that several times since the expiration of the waiver it has been found expedient to lower the standard of qualification for membership in favour of those delinquents who failed to take advantage of the waiver.

In order to control membership in the Association, it was necessary to legally secure the name of the New Brunswick Association of Registered Nurses, which name seems capable of covering any state of growth that may be attained. By affiliation with the Canadian Nurses Association the New Brunswick Association is connected with national and international nursing organizations.

Registration certificates were first issued in 1916, and the first examination was held in Saint John on March 26th and 27th, 1919. These examinations are now held twice a year in different parts of the province. The Association took a census of the province re emergency for the Red Cross under the convenorship of Miss Ada Burns. A survey of the Province was recently made in the interests of subsidiary nursing service for the Canadian Nurses Association, under the convenership of Miss Mabel McMullin.

Miss Elizabeth Robinson Scovil, a New Brunswick nurse of outstanding character and ability, has been made a life member.

The superintendents of the New Brunswick hospitals have united in an effort to have uniform hospital records adopted, and a standard curriculum (minimum) has been approved and adopted. The Association also approved of general hospitals affiliating with the tuberculosis sanatorium and including a short period of training in this work before graduation.

The several standing committees appointed are: Public Health, Private Duty, Nursing Education, Constitution and By-Laws. It is the hope of the New Brunswick Association of Registered Nurses that a minimum standard for hospitals will soon be adopted in Canada and that all Canadian training schools may be registered at Ottawa.

In 1928 membership increased. At the time of writing there are 617 nurses registered in New Brunswick. There are enrolled on the local registry at Saint John sixty-six nurses. There are four chapters of Registered Nurses active in the province, at Saint John, St. Stephen, Moncton, and Fredericton. Saint John Chapter has a membership of 192.

At the 1928 annual meeting it was decided to seek legislation to raise the average of daily occupied beds from fifteen to thirty-five, and to require prospective pupil nurses to have at least one year's high school education.

The Association is deeply indebted to Mr. A. P. Barnhill and to his successor in office, Mr. C. F. Sanford,

for legal service and advice. These busy men have freely given of their time, service, and ability to help further the work of the Association in its efforts to secure and maintain good standards of nursing.

The following is a list of presidents of the Association, 1903-1928: Miss Isabel Stewart, Mrs. W. O. Dunham, Miss M. G. Williams, Miss E. J. Mitchell, Miss E. P. Hegan, Miss A. Branscombe, Miss M. G. Williams (second term), Miss Charlotte Brown, Miss Margaret Murdoch, Miss A. J. MacMaster.

For many years the work of the Association was carried on without remuneration to any officer (except to the registrar of the local nurses registry at Saint John), though the work often demanded more time than a busy nurse could well afford to give to it. Perhaps the most outstanding instance was the difficult office of treasurer, held so efficiently by Miss Emma J. Mitchell for a number of years, until the increasing work became really a burden. The last four years the Association has paid a nominal salary to the secretary-treasurer, who is also registrar, and in that office arranges for and conducts the examinations for registration of nurses twice a year.

BOOK REVIEWS

Parents and the Pre-School Child, by William E. Blatz, Associate Professor of Psychology, University of Toronto, and Helen Bott, Instructor in charge of the Parents' Education Division, St. George's School for Child Study, Toronto. J. M. Dent & Sons, $1.50.

This book will receive a warm welcome from those who already know of the work that the authors are doing at the University of Toronto in connection with child study and with the teaching of psychology: rather impatiently their students have been waiting for a text book from them, and now, happily, the text has appeared. The book is written directly for those who have responsibility for the daily training of children and the fortunate nature of the presentation is characterized by the English reviewer in the "Times," who says that it is "as far removed from the dryness of clinical research on the one hand as from nursery advice of the commonplace kind on the other."

The book will have great usefulness in that the teaching is presented in an eminently practical form so that all who will may understand and may receive guidance in meeting their immediate difficulties, and woven through this practical presentation is a simple exposition of the underlying science of psychology. The simplicity of the presentation may be deceptive to the superficial reader and may obscure the depth of research that is presented. The book offers a truly healthy approach to the study of mental hygiene and thereby meets a widely-felt want. Thus it is a text that should be of great interest to all nurses: it is very much needed by public health nurses, but not more by them than by all other practising members of the profession.

—E. Kathleen Russell.

The Fundamentals of Chemistry: Its Application to Nursing: Jean Bogert, Philadelphia; 2nd ed. W. B. Saunders Co., 1928. Canadian agents, McAinsh & Co., Ltd., Toronto; price $2.75.

Throughout the first section of this book, the section on Chemical Theories and Inorganic Chemistry, there is a tendency to present chemical theory in such a way that its usefulness will hardly be grasped. When, for example, a student of elementary chemistry is told somewhat dogmatically that matter consists of positive and negative electrical units he is apt to believe it and he may imagine that he has acquired useful knowledge, which most certainly he has not acquired.

Nevertheless, the book has many good features. There is throughout frequent reference to and illustrations of the applications of chemical knowledge: applications which should be of particular interest to nurses. Much useful data have been set forth in tabular form. Among these there is a very concise summary of important organic compounds under the heading, name, formula, properties, etc. Other tables have to do with digestive enzymes, constituents of the blood in diseased and normal individuals, general properties of urine, poisons and their antidotes and other subjects.

P. J. Moloney, M.D.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Nursing Education in a University

By GERTRUDE E. HODGMAN

Assistant Professor of Nursing, Yale University

And I say that life is indeed darkness save when there is urge,
And all urge is blind save when there is knowledge,
And all knowledge is vain save when there is work,
And all work is empty save when there is love.

KABLIB GIBRAN, in "The Prophet."

Why should the education of nurses be carried on in a university? I presume that this is a question which has been asked in many parts of the world, and answered in many different ways. Doubtless many have said that nursing education has nothing to do with university education because technical skill based on training is needed in nursing, rather than knowledge based on education. Others have answered that skill and understanding must go together in nursing, and that skill in itself may be knowledge. Some have answered that devotion and service are the essential qualities in nursing and these things are not learned in a university. Others have said that such devotion and service can only find expression satisfactorily in these days when knowledge in hygiene and medicine, sociology, psychology, and other sciences is increasing so rapidly, through understanding of the material and principles of these sciences. Some have said that nursing is not a profession. Others claim that it meets the requirements of a profession, has a calling which has acquired "both social usefulness and intellectual distinction."

It is, perhaps, with the hope that nursing may become of even greater social usefulness, and may ultimately gain that intellectual distinction which the greatly enlarging scope of its activities and opportunities would seem to warrant, that the leaders of the profession are turning to the universities and asking to be admitted.

In the United States at the present time there are an increasing number of nursing schools which have some connection with a university. In most instances this takes the form of a five-year programme divided between university courses and instruction and experience in a hospital. It usually leads to a Bachelor of Science degree and diploma in nursing. The students in these courses are a recognized group in the university and take the required and elective courses of the nursing curriculum in classes with the other students of the university. This provides an excellent background for nursing. In almost every instance, however, the education which these students receive in nursing *per se*, theory and practice, in the hospital, can be said to be only very gradually measuring up in any degree to what may be considered a satisfactory university standard. There are two fundamental reasons for this. First, that except in two or three places there are no adequate funds to provide for the necessary number of qualified instructors, and for other facilities for teaching, during the period of practical experience. Also the students themselves are required to do more of the hospital work than is commensurate with either their educational needs or their continued energy of mind and imaginative consideration of the work in which they are engaged. These are qualities which we would hope to have developed during periods set aside for education. They are qualities which are needed in nursing,

for nursing has the opportunity to become one of the greatest of forces for constructive social betterment of our time. It must not be content with palliative measures and short-sighted policies. It must learn to act co-operatively, social-mindedly, constructively, imaginatively. These qualities have never been developed or maintained by teachers or pupils under conditions of worry, restraint, continuous routine, limited opportunities for contacts with other fields of endeavour, and lack of leisure. Yet this describes the very conditions of the usual hospital experience of the students and of the teachers in the nursing schools where the service of students is depended upon for the full care of all patients in the hospital—largely as a measure of economy to the hospital.

Study and Experiment

In the second place, opportunity for study and experimentation in methods of teaching nursing has not yet been possible to any degree, due to this very lack of adequate funds designed for this special purpose. For the past five years the School of Nursing at Yale University has been studying nursing education under circumstances which would seem to make such a study possible and valuable. The School is an independent one in Yale University. It has funds for its purposes. The New Haven Hospital, with which the Yale Medical School affiliates, also co-operates with the Nursing School. This co-operation permits the school to direct the nursing service of the hospital through joint appointment of the nursing staff. In other words, professors and instructors and assistants in the nursing school also have positions as superintendents of nurses, assistants, supervisors, and head nurses in the hospital. At the same time the school is free to arrange for such experiences in nursing activities other than those offered in the hospital, as it considers desirable for the education of the student. In this way students receive experience in a nursery school, a mental hospital, the out-patient clinics of the hospital, and with the community visiting nurse association. In each of these places, the school is assured of the proper instruction of its students through the joint appointment of a qualified person on the staff of the activity and on the school faculty (there is one exception where such an appointment by the school has not been made. The school is assured by other means of satisfactory instruction).

The admission requirements to the school have been set at a minimum of at least two years of college work. The majority of students, to date, have the Bachelor's degree before entering. This high entrance requirement, together with the facilities above mentioned, have made it possible for this school to concentrate its greatest attention upon the actual teaching of the vocation of nursing. It is the aim of the school, through the development of better teaching methods, to hold the length of the course to as short a period as is consistently possible.

Some Principles

Since we feel at Yale that only a beginning has been made in developing more satisfactory methods of teaching than have hitherto been possible, and there is much more to be done and learnt before the best ideals of a real university education in nursing are accomplished, it will be desirable here only to list briefly some of the principles upon which the teaching methods are being developed. These are:

First, a definitely planned curriculum using the fundamental sciences—anatomy and physiology, bacteriology, psychology and chemistry as a scientific basis—and the actual experience in nursing, graded according to difficulty, as the "project" through which the teaching is carried on.

Second, a close correlation between theory and practice; the medical and nursing theory either immediately preceding or being taught during the period of experience in any service. This correlation is also developed through the following methods of ward teaching: (a) Immediate and systematic supervision of students' work by instructors and assistants.

(b) Written "case experience records" by the student, which teach a method of study of cases, and an evaluation of experience. These are supervised through individual and group discussions of the nursing care of patients. (c) "Case studies" which bring to the student's attention all of the factors related to the health problem—nursing, medical, social, individual.

Third, the curriculum aims to prepare the student for the first grade of position in any phase of nursing work—private duty, institutional, public health.

Fourth, hours of work which more nearly approach those of other student groups, i.e. forty-four hours a week, including class and practical work.

Fifth, a faculty qualified for university appointments.

Sixth, funds to pay for the various necessary activities of the school, such as (a) fees and salaries for lecturers and instructors, (b) health supervision (this is used as an important method of instruction), (c) comfortable and attractive living conditions.

Seventh, a satisfactory service for patients is provided through the employment of a staff of graduate nurses, and supplementary assistants, such as maids, ward-helpers, orderlies, etc. A satisfactory service for patients is essential to any good teaching programme.

Lastly, I think we should speak of the principle of university relationship. For where else but to the university may we look for the help we need in developing nursing education? Through what other agency may we be able to connect this social art with the science and art of other enterprises of modern life? Just as medicine and engineering and forestry and business and drama have found their way into the university—so is nursing finding its way.

Nursing has at least one element which seems to be common to all people and all times—its appeal to women of fine character. The "urge" of nursing appeals to many of the finest women of our day. For these especially the university offers knowledge and with it "some hope of containing an imagination disciplined by detailed facts and necessary habits."*

*Alfred North Whitehead: "Universities and their Function," "Atlantic Monthly," May, 1928.

—"The World's Health," October, 1928.

International Council of Nurses

The Committee on Arrangements, through its various sub-committees, is making progress with preparations for the International Congress. The reports of the meetings held frequently impress one with the thorough way in which our representatives are acting for the members of the C.N.A.

The Montreal High School, University Street, has been secured for general headquarters, as well as headquarters for the Nursing Education Section. Public Health Headquarters will be in the Mount Royal Hotel and Private Duty Headquarters in the Windsor Hotel.

The sub-committee on housing of the Committee on Arrangements have planned that hotel accommodation will be allotted as follows: Public Health nurses, Mount Royal; Private Duty, Windsor; Education, both; Board of Directors and Grand Council, Ritz.

Canadian nurses planning to attend the Congress are requested to aid the Committee on Arrangements by sending in their applications for accommodation at an early date. Applications to be sent to: Committee on Arrangements, Royal Victoria Hospital, Montreal. The rates for rooms in the large hotels are as follows:

Single room	$3.00—$ 4.00
Single room, with bath	5.00— 7.00
Double room	5.00— 7.00
Double room, with bath	8.00— 10.00
Large room, 3 persons	7.50— 10.00
Large room, 4 persons	8.00— 12.00

Rates for bed and breakfast in convents are from $1.25 to $1.50.

Rates in boarding houses vary according to location and accommodation offered.

On arrival in Montreal visitors are requested to report to Headquarters, the Montreal High School, University Street, for room assignment.

The sub-committee on exhibits announce that application for exhibits' space and the amount required should be made before March 1st, 1929, to Miss C. M. Ferguson, Royal Victoria Hospital, Montreal.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

*The Emotional Development of the Pre-School Child

By SARA LESLIE BELL, Montreal

In considering the emotional development of the pre-school child as distinguished from motor or language development, or the mental and intellectual development, it is to be understood that the distinction is merely one of convenience. Gesell tells us "most distinctions in psychology are for convenience. They are necessarily artificial, aiming to aid in interpretation or application."

Whereas adaptive development may be taken to mean, roughly, the child's adapting of such impersonal things as blocks, pieces of wood, etc., emotional or personal-social development refers to responses or habituations of a personal being in a social environment. It is conditioned by social impressions and pre-supposes capacity to profit by experiences.

Emotions are all related to instincts; they are the feeling-aspect of instinctive reactions. Since instinct dominates so much more of the behaviour of children than of adults, the emotions also are relatively stronger and less well controlled in childhood; so if we are ever to learn the true meaning and significance of the emotions it will be by the direct study of their objective manifestations in childhood and adolescence. The laws of physical and mental growth condition the capacity to experience many of the emotions because they condition the birth of instincts. Apart from which the emotion cannot be experienced. (Waddle, pp. 108, 190: Introduction to Child Psychology.)

Periods when many instincts are coming to their full strength are therefore periods of emotional stress. Emotions are best studied at these periods because then they are more spontaneous and unrestrained. The outward or organic expression of emotions seems to be marked by a certain periodicity, a waxing and waning of strength with rather marked high points at four and five years, and again just following pubescence, with a decline thereafter. Hall contends that feelings and emotions make up nine-tenths of life and are vastly more important and fundamental, and are not only far greater in volume than thought, but that their power for determining conduct outweighs reason many fold. As yet we know very little about the conscious aspect of the child's emotional life; and its proper evaluation and use in life and education is largely a problem of the future.

To any who ask why we should make a study of children under five years of age Dr. Watson answers as follows: Because

1. Children of five and over are enormously sophisticated.

2. The pattern of the future individual is laid down by the end of the second year. Many things which go into the making of this pattern are under the control of parents, but as yet nothing has been done to make them aware of them.

(*Published in "Babyhood," May, 1928, and now appearing with permission of Babyhood, Inc.)

3. The psychology of human instincts and emotions cannot be obtained by mere observation of adults.

4. It is the only way of obtaining data for the enumeration of men's original tendencies, following through the development of activity of *many* infants from birth to advanced childhood.

5. If a proper analysis of the activity streams can be made at a very early age the whole care of the child may be altered with beneficial results. (Watson: Studies in Infant Psychology.)

The phenomenon of personality development is so complicated that it is difficult to find solid ground for generalization: the child's mental structure is ramified and complicated, but we may see the beginnings of behaviour with an emotional quality in the angry cry of a new-born babe.

Inborn propensities assert themselves at ascending stages; there is a basic continuity of development. No sharp beginnings or abrupt endings: emotional possibilities are born with the baby as well as his mental and physical possibilities. Emotional control is therefore an important index of personality maturity.

Many specific emotions are characteristic of particular instincts; the relation between them is one of correspondence—thus the instinctive reaction to flight calls forth the emotion fear. The instinctive reaction pugnacity—anger. (Waddle: p. 108, "An Introduction to Child Psychology.")

The emotional abandon of certain periods and for certain emotions can be closely correlated with the nascency of certain instincts, such as those of self-preservation, pugnacity, sex and the like. Children experience fear, anger, and perhaps disgust in the presence of persons or objects which naturally excite such emotions, but they do not cherish hate as an abiding sentiment when the exciting object is absent. That comes only when "an organized system of emotional tendencies centred about some object" has been formed. It is the sentiments, as thus defined, which bring order and continuity into the chaos of the primitive emotional life.

Darwin tells us that his boy showed what he considered evidence of incipient emotion, anger, as early as the eighth day.

A scale of active expressions is accomplished in the second and third months. These expressions may be "classified" as:

A. Organic feelings. Those having to do with the vegetative life of the infant: hunger, discomfort from being wet, pronounced movements of like and dislike.

B. Feelings with regard to things: i.e., bright light, colours, etc.

C. Feelings with regard to persons.

In the later months of the first year can be observed manifestations of the beginnings of sympathy and love.

Idelberger, observing his son uninterruptedly for one hour during the end of the first year noted down everything the babe did, from which observation the following information was obtained:

1. Almost absolute predominance of activities of will and emotions over the still very small intellectual function.

2. Surprising variety in kind and direction of emotions—that one hour shows joy and sorrow, curiosity and surprise, anger and displeasure, desire and aversion.

3. Impulsive and disconnected character of the psychic life—the incapability of any continuous concentration or of persistence in the pursuit of any one interest.

Even in the period before speech there are to be seen evidences of sympathetic feelings; at six or eight months the babe greets its mother with outstretched arms. There is no real understanding as yet, but by degrees this beginning develops into true sympathy.

ANGER.—Certainly shown by the fourth month. At first caused by delay in supplying food, but two or three months later it is called forth by any thwarting of desire. Especially is this so if the movements of the child are hampered: i.e., holding its nose to make it swallow; pinning down the hands, etc. Scupin records (Stern: p. 126) that anger, self-will, fear, defiance, disappointment are all evident at 5½ months. All this, of course, is instinctive in character: nothing conventional or acquired.

FEAR.—Considered by all authorities to be instinctive because it is of unlearned character and present from birth. It seems, at first, always to be caused:

1. By a feeling of loss of support, such as being "dropped" over a pillow.

2. By loud noises. *Third month*: Due almost always to loud or unexpected noises, surprise, unexpected sights and sounds. *Fourth month*: Fear of things seen: fear of strange places; fear of the dark (4th month and later). This last closely connected with imagination. *Sixth month*: Fear of things seen is called out by a strange face. Bashfulness is an offshoot of fear, a survival of what in our ancestors was active terror. This is succeeded in the second year by self-consciousness.

There is a marked difference in the sorts of things feared at different ages, and the fears of boys and girls respectively, and it has been stated that the pre-school period is the most prolific of all for fear.

No childish fears should be left unattended to under the assumption that they will die out, as there is great danger of their forming the basis of an emotional complex with far-reaching results.

Watson's experiments demonstrated that children are not naturally afraid, but that fears are "conditioned" except those which are occasioned by loud noise or loss of support. An iron bar was struck behind an infant at the same moment that a white rat was being shown him. After only a few repetitions and with an interval of days between the infant cried in fear and turned away from the white rat, and even from other white-furred creatures *without* any accompanying noise being introduced.

This reaction is known as "conditioned fear" and its baneful effects are apparent when we stop to consider that they "tend to modify or *prevent*, by limiting the number of objects which the child deals with, the formation of constructive habits."

WILFULNESS IN CHILDREN.—Hints of its existence in first year. Develops very quickly from the second year on.

Self-will in children may be caused by:

1. Physical failings.

2. Psychic causes, i.e., bashfulness and readiness to cry.

3. The feelings of distance between adults and the child. (Unsatisfied childish curiosity regarding the sexual difference between little boys and little girls, or between father and mother, and the incapacity to solve the problem may lead to fear of individual inferiority.

4. The arrival of a younger brother or sister without adequate explanation to the child. Like every living creature he responds with defensive action and practises self-assertion, which easily takes the form of self-will: whether active, re-active or passive.

AMBITION and craving for sympathy and applause.

No child really flourishes without the encouragement to renewed effort which praise and approval give. In his little way the child tries, by sounding his own trumpet, to present his small person in the right light.

Ambition may sometimes result in what appears to be wilfulness, and we must remember that self-will and rebellion are but the reverse side of

a very valuable quality, namely, the instinct for independence and self-assertion.

Love (including sexual or reproductive instinct).

In the later months of the first year can be seen the beginnings of sympathy and love, the first stirrings of a personal emotional tie binding the child to another human being. Normally this feeling continues to expand until the second and third year; conscious active altruism can be said to exist from then on: the child does make an effort to do the thing which will give pleasure, as when my small niece at 5½ years of age went out into the garden and picked a little nosegay which she presented to me on my return after an absence for several months.

Sexual Instincts.—Very intimately associated with the emotional development of the child are the manifestations and behaviour connected with the reproductive instinct. It is a subject upon which volumes have been written and upon which there is far from unanimity of opinion. Suffice it to say that the followers of Freud in the psychoanalytical field are inclined to the belief that the youngest infant is capable of so-called "onanie," and that there is a definitely sexual aspect to a babe's sucking movements and in the way in which it kisses its mother.

The important point, however, is to recognize that at a very tender age indeed children manifest curiosity with regard to the anatomical differences between boys and girls, and the how and why of birth. This curiosity should be satisfied *at once* for any attempt to sidetrack it or prevaricate is very likely to result in psychic disturbances of a serious nature in later life.

Jealousy.—One of the most primitive and painful emotions. In animals it appears in connection with mating, feeding and breeding and serves as a corrective to too great sociability.

Jealousy exists even in early childhood, but it differs most strongly from the erotic jealousy of a later age. In typical childish jealousy the claim to monopoly has reference only to demonstrations of affection, whether present or to come. Also the rivalry implied in jealousy makes no difference in the child's feelings of affection. Whereas in the adult any feeling of affection for an erotic sexual rival is an impossibility.

Hate, Envy and Cruelty.

In childhood these do not seem to possess the strength nor the distinctly primitive nature of love. Hatred in a child is not a primary feeling but one derived from emotions of another kind first, amongst which is love. Even in an adult hate is in a great measure suppressed, disappointed love.

In children cruelty comes from ignorance. Their boundless desire for movement, their insatiable curiosity with characteristic disregard of consequences are all brought into play whether the object be a toy or a living creature. There can be no question of any conscious realization at the possible agony they may be causing.

The foregoing may be summarized by a quotation from Baldwin's preface to "The Emotions of Young Children," by Marsten:

> "The result of experiments shows marked habitual emotional attitudes in children as young as two to three years of age, and the practical implication is that many pronounced tendencies which may later cause maladjustment of the child in social life are modifiable and subject to training during the earliest years."

A study of the emotional life of a child of pre-school age leads to the realization of its great importance and the obligation incumbent on all who have children under their care to understand how to use these most potent and vital forces to build up a strong and happy personality.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Training Public Health Nurses

[The following was written by Dr. H. W. Hill, Professor of Public Health Nursing and Bacteriology; Director, Vancouver General Hospital Laboratories, as a foreword to the Public Health Nurses' Bulletin issued by the Provincial Board of Health, British Columbia.]

Training Public Health Nurses is a fascinating business, by no means yet brought to the point of classical perfection. Nor will it ever be brought to that point until public health itself is a finished product. This is equivalent to saying that training public health nurses will never be quite perfect, because public health never will be quite perfect. Even approximate perfection in public health is many a long day—years at least—centuries probably—ahead of us. Public health depends on every other science, and all sciences are yet imperfect — even mathematics. Public health depends also on human intelligence—we need hardly comment on its present state.

But the above considerations are just those which make public health today the most fascinating of all big business—because today we have the chance to build up, devise, design, direct to some extent at least, the development of public health at its most interesting stage. The heaviest, hardest, least organized, least co-ordinated work has, much of it, been done. The building-stones have, many of them, been more or less well hacked out; some of them have been more or less well fitted to each other. We may begin to see something of the ultimate thing we are erecting.

Leaving metaphors, the more we know of public health, the better we can train public-health people in general and public health nurses in particular. Public-health knowledge is every day increasing. Our courses today cannot be what they will be ten years from today. But the public health nurse graduate of today will, ten years from now, have had not merely what training we can give her now, but ten years of that training which the big world has meantime given her—a training obtained not under university supervision, but under the nurse's own supervision. Our training is but the introduction to the larger and better, if rougher, training of the real world outside. Our most earnest desire is to so equip our graduates here that they will meet, equally and well, this rougher, sterner, more exacting training—will see in all their future work, not just a job, but a chance for study, for construction, for the pushing forward of public health from what it is to what it some day will be.

Observe, record, study, think out, all that you encounter, whether you are a non-graduate, an undergraduate, or a graduate. This applies to real life and to the more or less inaccurate reflections of real life that books or teachers give. If all of you do this, we need have no fears for the public health of the future.

School Nursing in London, England—(*Concluded*)

By M. E. MISNER, R.R.C., F.B.C.N.

III

NEW TOWN TREATMENT CLINIC

Swain's Lane, Highgate Road

This treatment clinic is operated by the London County Council, and was, perhaps, the most intensely interesting spot of the many centres visited. It was built and presented to the London County Council by a rich leather merchant in memory of his two sons killed in the war. In the clinic the two large wards are named Jack and Norman, respectively, after these two young men. The wards, bright and beautiful, and done in blue and white, are a happy residence indeed for the minor operation cases of children of school age. In one of these wards there is one private bed which anyone can use by paying ten and six a night, and there is also one private ward which can be had for fifteen shillings per night. Then there is a very large general waiting room and offices adjoining, a minor ailments department, consisting of a waiting room and treatment room and aural room, an eye-testing dark room, an ionization room, an anaesthetic room, a skin room, a bathing and treatment room, and a fumigating room. In the latter all the clothes worn by children on admission are fumigated by means of formalin tablets and a night light. In connection with the dental department there is a very interesting room known as the rinsing room in which a water shed sink running the length of the room and known as the "Physiological Sink" is in action during operations. As soon as a child who has had an extraction leaves the dentist's chair he is directed to the "Physiological Sink" to spit out. The water runs so swiftly over the watershed that the child has no opportunity to see the blood after it leaves his mouth and so is not alarmed. As soon as he is ready to leave the child is sent out to the street by means of a private door, never being allowed to go back through the waiting room to disturb by bloody tales the dental cases there waiting their turn. One day a week is given to gas cases and a day to minor extractions, the rest of the week being given to stoppings and other treatments.

This clinic is known as a "Stay-in" clinic because of the bed accommodation for T. and A. cases. Wherever home conditions are so bad as to be a menace to the chances for recuperation following a tonsilectomy, the children are taken to a "Stay-in" clinic where they may stay for two days. Children under this category from other "Day" clinics are brought here. There are ten beds available, but cases are admitted in squads of nine, the one extra bed being kept free for fear some child may not be well enough to leave on the regular day. On the day of discharge the parents come early in the morning for the children. As soon as all the mothers and children are collected ready to depart, the Sister in charge lectures to the mothers. They are advised to have the patients rest for three or four days, to give no milk unless a very little in tea. They may have cold water, lemonade, but no other drinks. They may, however, have plenty of gravy, broths, beef blood, squares of toast and bovril, a little later some meat and stewed apples with sugar, but no bananas. The nurse is very strict about the milk. The beef and its juices are said to be very like what is already in the stomach (blood from tonsils) and therefore no disturbance, whereas milk would be disturbing. The children must be brought back to see the doctor in ten days' time. The doctors of this clinic never do a T. and A. on

a child who is menstruating, as there is a tendency to hemorrhage, nor on a child who has that peculiar redness of cheeks, excessive hardness and fatness of hips, or is undersized, or is late in having menstruation, as these symptoms point to thyroidism, and the child must be sent to the minor ailment department for thyroid treatment before being taken on for operation. In operating the guillotine method is always used.

Each "Day" clinic has a doctor and anaesthetist of its own who come to the "Stay-in" clinic for their own patients' operations. The "Stay-in" clinic has its own doctor and anaesthetist as well, who operate certain days. Minor ailments are those which need treatment but do not keep the children from school. There is an entente between the school and the clinic. The teachers finding anything wrong with the child promptly send him to the clinic at noon hour. At the minor ailment clinic, a list of children attending and the hour, is kept. This list is compared with the teacher's register. If the child is at the clinic at the school hour he gets his mark just the same. I listened to the Sister in charge lecture to a group of twenty student teachers one morning on detecting minor ailments and communicable diseases. These embryo teachers listened with deep interest and agreed to do their best to co-operate in all ways possible to safeguard the health of school children. The Sister showed them over the whole place as well, saying afterward to me that she thought it helped a great deal if the teachers knew and understood what the centre was and the reasons for and kinds of treatment.

Major ailments are those through which a child misses school. At the centre each ailment has a certain colour of card which the child must bring each time. The Sister does not need to ask the child why she is there, as the colour of the card tells to what department she is to go.

Ionization is given for running ears, that is for suitable cases, the large recent perforations being considered most suitable. A vulcanite speculum is used as it does not get hot. Some treatments cover a period of five years, I was told. Often cases appear to be cured, and the parents think they are, but there are not so many real cures after all.

Here Ultra Violet Ray is also given to suitable cases. The doctor selects the ones he thinks should have it. A course of ten general exposures is given, because by improving the general health, the ears are improved. The other treatment for running ears is a T. and A. operation, but many, many cases which would have developed into mastoid involvement are saved by ionization and sunlight treatment.

In the minor ailment department, otorrhoea is treated by peroxide first, spirits second, glycerine and carbolic third. Alum broth cotton is used for swabbing, as the nurse has to handle it and twist it for swabbing the ear. It is antiseptically treated and blue in colour. Mercer's Ear Channel is used with great success, as it never spills and is so easy to hold by the tiniest hands. It is conical in shape, the open end being very small.

On admission to the centre the child is equipped with a cap, nightie, kimona, and slippers, a tooth brush, hair brush, wash cloth, and soap, all on a little tray, one for each child.

The staff of this centre consists of one Sister in charge, six nurses on eight and a half hour duty, two of whom live in; of doctors, there is one surgeon, one anaesthetist, one minor ailment doctor, one eye specialist, and one aurist, but, besides these about fourteen doctors come in. There is one dentist and one organizer, and looking after the house there is a porter, his wife, and one maid.

Charges for medical and dental treatment are, one shilling for minor ailments after the first fortnight, two

shillings for other medical or dental treatment after the first fortnight, and these fees are good for six months.

The average cost to the London County Council of each case treated is:

Adenoids and enlarged tonsils	10s.	10d.
Minor ailments	7s.	7d.
Dental treatments	7s.	.....
X-ray of ringworm	25s.	7d.

IV

STOWEY HOUSE
An Open Air School

I was privileged to make two visits to Stowey House, Clapham Common, one of the most famous of the open air schools—one day being spent in the company of the supervisor of school nurses for the boroughs of that vicinity and the other in the company of the superintendent and teachers. It was an astonishing thing to me to step through a small door in a high wall on a busy and closely built up street and find myself, after passing the house and kitchens, in a huge garden. The head master later complained that the open air school grounds are being encroached upon instead of expanding, owing to the greedy and commercially-minded people who own the surrounding property. Some of the lots adjoining the school grounds, which they had the privilege of using previously are being sold or fenced off. Even so, however, much good work is being accomplished. There are eight separate huts—each hut occupied by a class—five for boys and three for girls, and a large shed used for the daily sleep and for folk dancing and corrective exercises. These exercises are given in the form of the most beautiful dances, into which the teachers, pianist and pupils enter with utter zest and abandon, striving for perfection of beauty of movement and the improvement of health. The pupils also work in the gardens, build floors, platforms, walks, much of the furniture and many of the appliances used at the school.

There are three hundred children on the roll of this particular school—this number being chosen by the Stowey House doctor from the fifteen hundred candidates sent up by the school medical officer each year. The pupils remain at the open air school one to one and a half years. They go home to sleep each night and over the week end, but the school is open the year round. The staff consists of the superintendent (who is very busy most days interviewing parents and guardians), a medical officer, a nurse, a head master, who also teaches, and seven other teachers.

A feature of Stowey House open air school is its sun classes, held on wooden platforms with no covering, the pupils wearing only a light loin cloth or very light and brief shorts. The results of these sun classes seem very satisfactory on the whole, there being various standards in gain in weight and height, but a universal and striking improvement in the vivacity, brightness and general alertness of the pupils.

Cases of anaemia are always cleared up in the sun classes, and in most cases enlarged glands subside. Out of a class of forty-two girls, nine and a half to twelve years of age, five exceptionally bad cases who were often absent from school for long periods did not improve; seven others suffering from malnutrition and enlarged glands showed little improvement, but the remaining thirty showed marked improvement in every way. Some children brown excessively, some normally, and some not at all. Others who are known as frecklers all seem to be children with enlarged glands which resist improvement. However, the sum-up of all observations in regard to browning is that the amount of browning does not always indicate the amount of improvement in physical condition.

Here also must be mentioned the Rachel McMillan Camp School for

children aged two to five years, of which a whole story could be written. It is enough to say that nursery schools have been in existence in London since 1908, the McMillan School being opened in 1911. In the beginning of 1917 the school medical officer presented a report to his committee pointing out the advantages in poorer neighbourhoods of school attendance in the control of infectious disease, and the particular benefit of nursery schools under the care of an experienced matron who would take advantage of existing clinics and institutions. During the same year a conference including education officers, head-mistresses and medical officers, was appointed to report on the education of children under five. As a result, in 1918, the Education Act gave powers to local education authorities to aid in the supply of nursery schools for children two to five years of age, and to attend to their health, nourishment and physical welfare. In 1919 eight voluntary nursery schools were recognized by the Council. In December of that year the school medical officer advocated daily visits to these schools by school nurses. In 1920 the Council decided, after much discussion and changing of plans, not to proceed with the establishing of the proposed six additional nursery schools, but to support the Council's portion of the Rachel McMillan School. In 1923 Doctor Hogarth reported on the effect of nursery schools on the health of children. The children leaving the nursery schools to enter the infants' department of the elementary schools, were found to be superior to the ordinary entrant. At the Rachel McMillan nursery school the weight of the six year old child was appreciably greater than that of the six year old who had been attending an elementary school in the same neighbourhood for three years. With an average attendance of two hundred and twenty the Rachel McMillan School is found to have no larger percentage of communicable diseases occur than the schools of from twenty to fifty children. A marked improvement in the whole physical and mental state has been noticed in this school also. One of the most remarkable results from a medical standpoint is the reduction in the prevalence of catarrhal conditions of the respiratory tract and its injurious results, proving beyond a doubt that during the child's attendance in the school he has not only acquired resistance to disease, but very marked recuperative powers. Breathing exercises, massage, and sunlight treatment are given where necessary, and the nasal catarrh, so prevalent among these children on admission, clears up rapidly in these hygienic surroundings. Skin disease is almost unknown there, too. Sir George Newman says, "I am of the opinion that the nursery school is conducted on sound health principles, that it forms the foundation of permanent good health; that it fulfils with conspicuous success the purpose for which it was established."

Children referred for tonsils and adenoids in the ordinary elementary schools this year formed 5.5 per cent. of the whole, most of these being infant entrants, amongst whom the greatest proportion of diseased throat conditions is always found.

Infant entrants are the greatest sufferers in lung disease, other than T.B., also the condition nearly always is bronchitic, with slight or greater rickets, the larger percentage of these cases being boys. T.B. is found in the entrants; therefore, almost none is found in the standards or grades. The dental condition of entrant infants seems always to have been about the same; 46 per cent. have manifest dental caries, and 15 per cent. caries with inflamed and septic gums. Dental inspection and treatment at school have much improved the oral conditions of older children, but this is all remedial work and only in a minor degree preventive. The remedy, as the English medical

authorities see it, is to get in closer touch with the mothers while the children are still infants, and teach them how to feed their children properly at a very early age.

One striking thing to me in the English people is the almost total lack of enlarged thyroid gland in both adults and children, Derbyshire being the only place where it is found. The other very striking thing is the prevalence of rheumatism in children. It now takes first place as the cause of chronic illness in childhood, and is the only widespread menace to the school child's health which is not being appropriately dealt with. T.B. used to be the greatest menace, but such good administrative measures have been passed and applied, that now only 12 per cent. chronic illness is due to it, while rheumatism accounts for 24 per cent.; whereas it used to be 20.5 per cent. T.B. and 14.5 per cent. rheumatism.

In ear testing the school doctors are instructed that the acuity of hearing should be as nearly correctly estimated as possible. The forced whisper should be used, and the distance used for the tests should be entered on the medical record card. The forced whisper should be made at the end of an ordinary expiration. Numbers like ninety-seven, eighty-three, etc., or words, such as banana, potato, or tobacco, may be used. The child should not be in a position to watch the doctor's lips, and should be requested to repeat the words heard. One ear is closed while testing the opposite ear.

A. A child who responds to the test at twenty feet should be considered normal.

B. One who responds at between six and twenty feet, slightly hard of hearing (to be watched).

C. One who responds, in the better ear, only at distances less than six feet should be considered hard of hearing or deaf.

All children falling into this last category should be nominated for special examination with a view to having them sent to the hard-of-hearing classes. The hearing test is ordered to be given as early as possible in the child's school life, so the loss of time and learning will be minimized, because the earlier he is put into the special hard-of-hearing class the better he will do. Much to my astonishment, I saw that cases of otorrhea numbered only 1.4 per cent., but because a good deal of my time had been spent in treatment centres, where I saw, what seemed to me, endless cases being treated, I got the impression that the trouble was very prevalent. They are tedious cases and take much time, but most excellent results are being obtained by artificial sunlight and ionization. In the former treatment as carried out in the Minor Ailment Department at St. George's Dispensary in the borough of Southwark, the ear is cleaned with soda bicarb, a spirit plug inserted, and the child taken to the sunlight room. The child is stripped, a pair of very flimsy and tiny tights and an eye-shade adjusted, a large piece of brown paper is perforated in the centre, and through this perforation a speculum is put, and inserted in the ear, and down this canal are directed the ultra violet rays from a Tungsten Arc Lamp. General as well as local ultra-violet ray treatment is given in all cases, it being considered that in toning up the general system local conditions improve more rapidly. The back is given three minutes at a distance of two feet; the ear three minutes at ten inches distance, the first day; on the second day one minute is added to the back and half a minute to the ear. Each treatment is increased accordingly until an eight-minute period is given, when the treatment starts over again. A powder treatment is given following the light treatment. After the trouble is cleared the treatment is continued

in minimized doses and as a precautionary measure. The ionization method is not used at St. George's, but is mentioned in my report of the Highgate Clinic. At St. George's four nurses work at top speed several hours of the day dressing the wounds and sores, etc., of school children. In the afternoon from two to four a doctor attends and holds a toddlers' clinic. Upstairs wards are being prepared to accommodate stay-in cases of T. and A. operated on there.

All children on sun treatment are weighed once a week. It was thought that during treatment great increase of weight should take place. It has been proved that this is not so. The weight varies during treatment, but after cessation of treatment increase is noticeable. In very young children, ringworm of the scalp is sometimes treated, because X-ray treatment seems hard for them to take, but most cases of ringworm are treated by X-ray because it is much quicker.

There has been a gradual increase in the number of children reported with enlarged glands, especially among the beginners; the incidence is heavier among boys than girls, and this comparison holds among older children as well. Since no larger number, however, are being referred for treatment, it is thought that the apparent increase is due to doctors notifying to a greater extent the slighter degrees of enlargement.

Defects in vision are somewhat more prevalent among girls than boys, but there is a distinct improvement in all. Owing to the excessive amount of visual defect amongst Jewish boys, co-operation has been sought with the Jewish Health Organization of Great Britain, for better supervision, particularly as regards Jewish classes in the evenings.

There has been a rapid decrease in the cases of rickets, and again boys are the chief sufferers, as they always are, in this condition. It is now suggested that the incidence of adenoid growths and enlarged tonsils is chiefly among children who have suffered from rickets in infancy.

More and more it is borne in upon us that preventive work must be started and carried on extensively among the very young, long before they come to school.

The survey of statistics and records shows that each year the older children are leaving school with fewer and fewer defects. Many there are, of course, who leave with still existing defects, but most of these are due to causes over which the schools can have no control. These causes operate most profoundly also upon the infant child in its pre-school years. The school medical service is the receiver of damaged goods, and spends most of its time and energy patching them up. What is now required is an intensification of effort directed to the care of the infant in arms and the toddler of pre-school age, so that children will come to school in the beginning with constitutions unimpaired and with bodies attuned to receive the mental, moral and physical education which it is the function of the schools to impart.

All pupils at secondary and technical institutions are seen by the school medical officer annually.

News Notes

ALBERTA

At a recent meeting of the Nursing Education Section of the Alberta Association of Registered Nurses a plan was approved whereby subsectional meetings shall be held every two months at Edmonton, Calgary, Medicine Hat, Lethbridge, High River, Camrose and Lamont. The convener of each subsection will be required to report to the secretary of the Section any matters which should be brought to the attention of the Section in general meetings. This plan is being adopted in order that members of the Section may be brought together in these centres which are at considerable distance from one another. The widely scattered areas is one of Alberta's special problems.

CALGARY: A largely attended monthly meeting of the Calgary Association of Graduate Nurses was held in the Public Library on November 19th. Miss Spreckly gave a most interesting lecture on "Massage."

Miss S. MacDonald, lady superintendent of the Calgary General Hospital has returned after a two months' vacation in the East.

Miss A. Stone has resumed her duties after a long vacation spent in Ontario.

Miss L. Barre, who recently underwent an operation, has recovered, and has resumed her duties as matron of the Innisfail Municipal Hospital.

Miss R. Boyd has been appointed matron of the Blackie Municipal Hospital.

Misses Grotte and Roane have left for North Dakota, owing to the illness of Miss Grotte's mother.

BRITISH COLUMBIA

VANCOUVER: The November meeting of the Vancouver Graduate Nurses Association was held at the Nurses' Home, St. Paul's Hospital, Miss May Ewart presiding. After the routine business was finished a delightful entertainment was given by the nurses of the training school and the members of St. Paul's Alumnae. At the close of the meeting refreshments were served by St. Paul's Hospital. A hearty vote of thanks was extended to all who contributed to the success of the evening. For several years the November meeting has been in charge of St. Paul's Alumnae, and the large attendance at this meeting proved the popularity of the event.

MANITOBA

The annual meeting of the Manitoba Association of Graduate Nurses is being held on Friday, January 18th, 1929. The principal business to be presented is the proposed amendments to the Act for the Registration of Nurses in Manitoba, which are to be brought before the approaching Legislative Assembly. Every member is urged to attend this important meeting of the provincial association.

In September, 1929, it is planned that the M.A.G.N. shall meet in conjunction with the Manitoba Medical Association and the Manitoba Hospitals' Association.

At the annual meeting of the M.A.G.N. Miss Florence Robertson gave a most interesting talk on the International Conference of Social Work, held in Paris this past summer. Miss Robertson represented the Social Workers of Winnipeg.

BRANDON: The regular monthly meeting of the Graduate Nurses Association met at the Mental Hospital. Mrs. A. V. Miller, president, gave an interesting account of the C.N.A. general meeting held in July. A social hour was enjoyed during which refreshments were served.

Miss M. Stothard of the Provincial Board of Health is conducting the annual course of instruction and examination in the Normal School.

Miss Kathleen Aikens (Winnipeg General Hospital, 1928), has accepted a position on the staff of the Brandon Mental Hospital.

Dr. Glen Hamilton of Winnipeg gave a most interesting lecture on "Psychical Research" at the Brandon Mental Hospital on December 3rd. The meeting was very well attended.

NEW BRUNSWICK

SAINT JOHN: The regular meeting of the Saint John Chapter of the N.B.A.R.N. was held in the lecture room of the Nurses' Home, General Public Hospital, on November 19th, 1928. Following the business session, Miss Maude Retallick, secretary-treasurer and registrar, N.B.A.R.N., gave an interesting report of the general meeting, C.N.A., at which Miss Retallick attended as representative for the province of New Brunswick. She stressed the need of support by nurses to the only national nursing journal in Canada, The Canadian Nurse, and urged that new subscriptions be solicited and renewals made promptly. A hearty vote of thanks was tendered Miss Retallick.

GENERAL PUBLIC HOSPITAL: At the regular monthly meeting of the Alumnae Association, held on November 27th, 1928, Miss Kathleen Lawson gave her report as a delegate to the annual meeting of the N.B.A.R.N. held in St. Stephen. Plans were made for a bridge to be held on January 6th, 1929, in the Nurses' Home.

NOVA SCOTIA

HALIFAX: Graduation exercises were held at the Children's Hospital on October 4th, 1928, when diplomas were presented to: Misses Bertha Lowe, Marie Neilson, Elizabeth McDonald, Vera Smith, Ethel Smith, and Messrs. Thomas Nelson, Harold Murphy and Gerard McNeil. Miss Bertha Lowe received the DeWolfe medal for the highest average during the three years; the Medical

prize was awarded to Miss Marie Neilson; the Surgical prize to Harold Murphy, the Practical prize to Thomas Nelson. Misses Mae Boutilier and Catherine Grant were awarded the Junior prizes.

Miss Mabel Brown resigned her position as night supervisor of the South Building, and left for her home in New Ross on December 15th.

Miss Bertha Lowe resigned from her position on November 30th.

On October 8th, at the Dalhousie Public Health Centre, the Halifax Branch of the N.S.R.N.A. started the winter session meetings. Miss Jean E. Browne, Director, Junior Red Cross for Canada, as the speaker of the evening, gave the nurses an interesting account of the anticipated gathering which will be held in Montreal in July, 1929, when the sixth international congress of the I.C.N. takes place. At the conclusion of Miss Browne's talk, Miss Catherine Graham extended a vote of thanks to the speaker and presented her with a basket of flowers.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in December, 1928, were 1,183, ten more than previous month.

Appointments

The following appointments have been made:

Miss Dorothy Pitt (St. Joseph's, Hamilton, 1928), dietitian, St. Joseph's Hospital, Hamilton.

Miss F. Fish (Hamilton General Hospital, 1923), Mount Hamilton Hospital.

Miss H. Fowlds (Grant Macdonald Hospital, Toronto, 1925), nurse-in-charge of the hospital in connection with the Ontario Odd Fellows Home, Toronto.

Mrs. C. Ash (Grant Macdonald Hospital, Toronto), assistant instructor of preliminary and junior nurses, G.M.H.

Miss Grace Turnbull (Brantford General Hospital), the Henry Ford Hospital, Detroit.

Miss Reta Hawkins (Brantford General Hospital, 1927), supervisor of the private wing, B.G.H.; successor to Mrs. Houlding.

Miss Hilda Muir (Brantford General Hospital,1927),supervisor of the Medical wing B.G.H.

Misses Maud Shuttleworth and Essie Kane (Toronto Western Hospital, 1924), outpost duty at Thessalon and Lion's Head, Ontario, respectively.

Miss Elaine Playle (Toronto Western Hospital, 1927) succeeded Miss L. Stacey (1925) as industrial nurse with the Canadian Carbon Company.

Miss Hazel Reid (Grace Hospital, Toronto, 1928), has been appointed as charge nurse in Grace Hospital.

Miss Margaret Reid (Grace Hospital, Toronto, 1922), has received an appointment at the Red Cross Hospital at Thessalon.

Miss Ann MacGregor and Miss Florence M. Thorpe (Grace Hospital, Toronto, 1926), have recently been appointed on the staff of Rockefeller Hospital, New York City.

Miss Gertrude Evans (Hospital for Sick Children, Toronto), ward instructor at the Queen Alexandra Solarium for Crippled Children, Malahat Beach, B.C.

Miss C. Hoeflin (Hospital for Sick Children, Toronto), instructor of the children's wards, the James Whitcombe Ryley Hospital, Indianapolis.

District 2

General Hospital, Brantford: On November 3rd, His Excellency Viscount Willingdon visited the General Hospital. The Vice-Regal party was welcomed by Mr. F. F. Revelle, chairman, and other members of the board, Mayor Beckett, Miss McKee, superintendent, and Miss Helen Potts, assistant. The nurses in training formed a guard of honour. In the children's wing each little patient able to hold one had a miniature Union Jack. His Excellency was interested in and fascinated by the triplets: Norma, Margaret and Betty Mars. He voiced many cheery words to the little sufferers and praised greatly all that he had seen.

The regular monthly meeting of the Alumnae was held in the Nurses' Residence on November 6th, with Miss Dora Arnold, president, in the chair.

The members of the supervisory staff were guests at a dinner given by Miss McKee, superintendent, in honour of Mrs. Houlding, who has resigned from the staff. A presentation of Sheffield candlesticks was made to the guest of honour.

Miss Chute has been ill for several weeks. It is hoped that she will soon be able to resume her duties.

Miss Violet Van Valkenburg is a patient in the General Hospital.

Miss Pearl Cole and Miss Margaret Collyer left for Bermuda early in December.

District 4

General Hospital, St. Catharines: Miss Gladys Ridge (1927) has returned from New York, where she has been charge nurse in the Babies' Hospital.

Miss Gwendolyn Morton (1927), is taking a post-graduate course at the Hospital for Sick Children, Toronto.

Miss Margaret Jackson (1928) is attending the Bible School in Toronto.

Miss Helen Brown (1928) is taking the course in Administration and Teaching in Schools of Nursing, University of Toronto. Miss Brown was awarded the scholarship offered by Col. and Mrs. Leonard.

The death of Miss Jessie McIntosh (Mack Training School, 1882) occurred on October 25th, 1928. Miss McIntosh was born at Dundee, Scotland, in 1848. Four years after graduation she received an injury to her hip which produced a permanent lameness, in spite of which Miss McIntosh nursed until 1925. Burial was made in Addington, Ont.

St. Joseph's, Hamilton: The Alumnae social activities for the year began on October 13th with a delightful bridge, when fifty dollars was realized for Christmas Cheer for St. Mary's Orphanage.

Miss Margaret La Hiff (1918) died at her home in Hamilton after a long and painful illness. The funeral mass was held at St. Mary's Pro-Cathedral on October 20th, when some forty nurses formed a guard of honour as the casket was brought to and taken from the church. Miss La Hiff's quiet kindliness will long be remembered.

The deepest sympathy of the Alumnae is extended to the Misses Quinn and Dwyer in the loss of their mothers.

A Requiem Mass was sung on November 26th at St. Patrick's Cathedral for the repose of the souls of deceased members of the Alumnae.

Sister Monica and Sister Savior are taking the course for Teaching and Administration in Schools of Nursing at Toronto University.

Miss Ivy Hoyle left on November 16th with her mother to spend several months in England.

The Misses Cornaford and Scully have gone to Olyean, N.Y., to help in the typhoid epidemic.

General Hospital, Hamilton: Miss M. Carter (1922) has resigned as operating room supervisor at the Metropolitan Hospital, Walkerville.

Miss Evelyn Swayze (1922) has resigned as supervisor of the Out-door Department, H.G.H.

District 5

Ontario nurses lost a good friend in the death on October 13th, at the Wellesley Hospital, Toronto, of Miss Avarine Maude Evans, a former superintendent of the Toronto Graduate Nurses' Club, and sister of the late Mrs. R. B. Johnston, of Sault Ste. Marie, and of the Misses Isabel Lount Evans and Ethel Coulthard Evans, all graduate nurses. Miss Evans was a descendant of United Empire Loyalist stock and was born in Toronto. She spent most of her childhood at Niagara-on-the-Lake, returning to Toronto in 1916 to take charge of Spadina Lodge, Spadina Avenue, resigning this position to assume the superintendency of the Toronto Graduate Nurses' Club, which position she held for nine years.

Grant Macdonald Hospital, Toronto: The Alumnae Association held a successful tea on November 24th, in connection with the sale of work by the Occupational Therapy Department. Part of the proceeds from the tea are to be contributed toward the I.C.N. Congress Fund.

Misses K. Murchison and J. Macpherson (1928) are enrolled in the course for Administration and Teaching in Schools of Nursing, University of Toronto.

Hospital for Sick Children, Toronto: Miss Annie Ingham (1921) has returned to Toronto after a year's travel abroad.

St. John's Hospital, Toronto: The following is the fourteenth annual report of the St. John's Hospital Alumnae: Six meetings of the Association were held during the year, the average attendance being ten members. Five new members were enrolled.

Six bridge parties were held at the homes of various members for the purpose of raising money. These were successful as well as enjoyable.

Miss Hiscocks represented the Alumnae at the Chatham Convention, and her account of the meeting was most interesting.

Ten nurses received their pins and diplomas on Graduation Day. A few days previous to the Exercises, the Alumnae entertained the graduating class at dinner at the Professional and Business Women's Club.

Interesting and instructive lectures were given by two of the staff doctors at the February and April meetings.

General Hospital, Toronto: Miss Mabel Platt (1920) has left for her home in England, and is in residence at The Parsonage, Gretton, Cheltenham, Gloucestershire.

Western Hospital, Toronto: The monthly meeting of the Alumnae Association was held in the Nurses' Residence on November 13th, and was very well attended. Professor McPhee of the Department of Psychological Research, University of Toronto, gave a very interesting and comprehensive lecture on the need of psychological knowledge for nurses. Professor McPhee stated that the nurse, in her eagerness to carry out therapeutic measures as directed by the physician, neglected or lost sight of the many underlying factors responsible for the patient's complete recovery. He said the nurse with her tradition and training should be well fitted to deal with her patient from the point of view of the social worker, as any human being who is physically ill is also mentally ill, and in most instances requires sympathetic and skilled help in the process of re-adjustment. In the past the social dilemma of the patient was the problem of the philanthropist who had his own simple way of giving help; this method was succeeded by that of the trained social worker. However, it is Professor McPhee's opinion that the nurse is better fitted than either of these to do this work.

A vote of thanks was tendered to the speaker for his most excellent discourse by Miss Beamish.

General Hospital, Toronto: A variety of attractive work was displayed at the sale in the Nurses' Residence on November 29th, under the auspices of the Occupational Therapy Committee of the Social Service Association of the Toronto General Hospital. Leather bags and purses, painted wooden boxes, knitted wear, handsome basketry and book ends, all done by hospital patients were exhibited, and a steady throng of people came to buy. The proceeds of the sale will be used to buy more materials. Tea was served in the dining room where Mrs. F. N. G. Starr, Miss Mortimer Clarke, Mrs. Frank Ralph, Mrs. A. E. Gooderham and Mrs. W. R. Riddell presided. Miss Des Brisay and Miss Jakes are the two workers in charge of the Occupational Therapy Department of the hospital.

A most enjoyable bridge was held in the Nurses' Residence by the Alumnae at the regular meeting on December 5th. The

business of the meeting was short, but very interesting. A letter was read from Miss Snively in appreciation of her birthday gift of a dressing gown and accessories from the Alumnae, and thanking the members for remembering her. The sum of twenty-five dollars was voted to be given to Miss Jean I. Gunn towards the Outdoor Christmas Tree Entertainment. A motion was passed to hold only three general meetings of the Alumnae during the coming year, the annual one in January, the second in the spring and the final one in the fall. Miss Gretta Ross is in charge of a committee to arrange for a group of lectures by doctors, and suggestions for these may be sent to her at once. Miss E. Manning, who was in charge of the arrangements for Theatre Night, which was held in October at the Royal Alexandra, when the D'Oyly Carte Opera Company presented "Ruddigore," reported that the undertaking was a success, and that the Alumnae's objective in funds for the I.C.N. had been reached. At the close of the evening refreshments were served.

Miss Margaret Dulmage (1918), has been granted a Rockefeller Fellowship, and is at present taking special courses in Clinical Teaching and Public Health Nursing at Yale University.

Miss Ruth Carhart has returned to New York and is again on the staff of the Rockefeller Hospital.

Miss Sylvia Osther (1922), has left Hornpayne, Red Cross Outpost, and is starting a new outpost at Bracebridge, Ontario.

Miss F. Van Duzer (1922), has left Detroit and is doing private duty nursing in Toronto.

Miss R. Goddard, of Imperial, Saskatchewan (Rae Amey, 1922), was visiting in Toronto recently.

Miss Charlotte Gardner (1922), who has been at her home in Owen Sound, has returned to New York where she is engaged in private duty nursing.

Miss Olive McNee (1922), has left the Women's Hospital, Cleveland, Ohio, where she was doing operating room work, and has gone to St. John's Riverside Hospital, Yonkers, New York, to do floor duty.

Grace Hospital, Toronto: Miss Hilda Duckworth (1927), resigned her position as charge nurse in Grace Hospital, to engage in nursing work in India. The medical and surgical staff of the hospital presented her with a handsome covered travelling-bag; the graduate staff gave her a travelling rug, and the Grace Hospital Women's Auxiliary, a week-end bag. Miss Duckworth left on November 22nd for England to enroll with the British College of Missionary Students, under which organization she will work.

The Grace Hospital Alumnae held a very successful bridge on November 28th, at Sherbourne House Club. One hundred and fifty people were present, among them many of the older graduates.

Hospital for Sick Children, Toronto: The authorities of the University of Toronto and of the Hospital for Sick Children have arranged to include two students of the training school, H.S.C., in the four year course in Public Health Nursing. One student was enrolled for the fall term, 1928.

Miss Kathleen Panton has resigned as superintendent of nurses, H.S.C., and has returned to her home at Milton. Before leaving, she was the guest of honour at a large reception in the Nurses' Residence, given by the Board of Trustees, when she was presented with beautiful flowers and a platinum wrist watch set with emeralds and diamonds, a gift from the medical staff. The watch matched a beautiful brooch previously presented by her nurses. Other presentations made were a travelling bag from the administrative staff, and a silver jewel bag from the dietitians and masseuses. Among farewell parties to Miss Panton was a dinner at the Granite Club, when the staffs of the city hospitals acted as hosts.

District 7

The regular meeting of District No. 7, R.N.A.O., was held on November 9th, at St. Joseph's Hall, Hotel Dieu Hospital, Kingston. There was a splendid attendance; Brockville, especially, was well represented. Miss Acton, president of the District, was in the chair. The Reverend Father Dr. O'Gorman, of Ottawa, gave an interesting and inspiring address. His subject was "Early Founders of Hospitals in America," and he emphasized the part the Spaniards and the French played in the introduction of civilization and culture in America. Father Nicholson gave a few words of encouragement to those present, after which Dr. Wm. Gibson gave a very interesting paper on "Microbe Hunters". The business meeting followed. The reports from the different sections were very encouraging. After the adjournment of the meeting, the Alumnae of the Hotel Dieu were hostesses at high tea, in the reception room of the Nurses' Home.

Hotel Dieu Hospital, Kingston: The Alumnae of the Hotel Dieu Hospital recently held a Rose Tag Day, when the sum of seven hundred dollars was realized.

Miss Agnes Ryan (1923), who took a post-graduate course in the New York Eye and Ear Infirmary, is now doing special duty in the same institution.

Miss Millie Cook (1923) is taking a much-needed rest in the Adirondacks.

Dr. and Mrs. F. Hamilton (Aileen Cooper) and baby daughter visited Kingston recently.

Sincere and deep regret was felt by all members of the Alumnae upon hearing of the untimely demise of Miss Florence Byrne. She graduated with honours in 1920, after which she did private duty in Syracuse, N.Y. Later she accepted a position in the Ohio Valley Hospital, Steubenville, Ohio. Afterward she returned to her home in Perth, where she continued her professional duties until December, 1926, when she contracted a disease of the lungs. Following an illness of eighteen months, she died at her home on July 18th, 1928.

At recent meetings of the Alumnae Miss M. McKinnon (1922) gave an interesting account of her travels through China, under

armed escort, and Miss Louise Acton, instructor of nurses at the Kingston General Hospital, gave an instructive address on the work of the R.N.A.O.

Miss Gertrude MacLean (1927), who is on the staff of the Willard Parker Hospital, New York, is spending a month at her home in Kingston, a convalescent from a severe attack of diphtheria.

Miss Gertrude McCullough and Miss Gladys Lazier (1925) are doing general duty at Nyack Hospital, Nyack, N.Y.

DISTRICT 8

The regular fall meeting of District No. 8 was held on November 28th, at the Nurses' Home of the Ottawa Civic Hospital. The attendance was excellent, and the programme throughout the entire day one of great interest. Miss Gertrude Garvin, superintendent of Nurses, Strathcona Hospital, and chairman of the District, presided over the sessions.

During the morning, after routine business was disposed of and a report of proceedings at the C.N.A. meeting at Winnipeg had been read, excellent demonstrations were given, on "Infant Feeding," by Miss Moore, assistant dietitian of the Civic Hospital, on "Ear, Nasal and Colon Irrigations" and "Hair Shampoo" by Miss Eleanor Grew, practical insructor at the Civic Hospital. Miss Grew and Miss Tanner also gave a demonstration on methods of urinalysis.

Through the courtesy of Dr. D. M. Robertson, superintendent of the Civic Hospital, and the Board of Trustees, a very enjoyable luncheon meeting was held at which Dr. J. A. Amyot, deputy minister of Health, gave an address on the timely subject, "A Pure Water Supply for the City of Ottawa".

During the afternoon session Miss Florence Emory, president of the R.N.A.O., gave an address, rich in interest and inspiration, on the subject, "Professional Organization".

Miss Emory was followed in her address by Dr. Sheriff, superintendent of the Strathcona Hospital, who gave an illuminating and instructive paper on "Immunization".

The responsibility of Ottawa nurses in connection with the coming I.C.N. Congress in Montreal was clearly and forcefully dealt with by Miss Gertrude Bennett, superintendent of nurses, Ottawa Civic Hospital. Miss Bennett also recommendsed very highly to those present Dr. Burgess' book, "Nurses, Patients and Pocket-books."

An interesting feature of the programme was the splendidly arranged exhibit, including various treatments and diet trays, teaching models, and samples of current nursing journals.

Miss Mabel Williamson, sister of the late Miss Janet Williamson, has resigned from the staff of the Strathcona Hospital, and intends spending some time with her brother, A. P. Williamson, Esq., 2121 31st St., Seattle, Washington, U.S.A.

DISTRICT 10

The November Meeting of District 10, R.A.N.O., was held in the Nurses' Home, Port Arthur General Hospital. Thirteen nurses were present. Final arrangements were made for the Annual Bazaar.

Rev. Dr. Patterson gave a very interesting address on "Hitch Your Wagon to a Star". Following a musical programme, lunch was served by the Hospital staff.

St. Joseph's Hospital Alumnae, Port Arthur, entertained at a tea and sale of work in the Nurses' Home, November 10th. The proceeds amounted to $100.00. The Alumnae are furnishing a ward in the new wing of the hospital.

McKellar Hospital Alumnae regular monthly meeting was held November 27th at the home of Mrs. F. W. Edwards. Twenty members were present. An instructive and interesting paper on "Tannic Acid Treatment for Burns" was given by Miss Florence Hamm, school nurse in Fort William. Following this whist was played and lunch served by the hostess.

QUEBEC

GENERAL HOSPITAL, MONTREAL: Appointments made recently among members of the Alumnae are: Miss Edna Shaver (1928), to the S.O.R. staff Woman's General Hospital, Westmount; Miss Doris Stevenson (1928), in charge of the operating room, Children's Memorial Hospital, Montreal; Miss Ina Currie (1924), to the staff of the Shriners' Hospital, Montreal; and Miss Dorothy Driffield (1927), to the staff of the Victorian Order of Nurses, Montreal.

Miss Alice Isabel Wells (1928), passed with highest honours in the recent examination for registration of nurses in the Province of Quebec.

The engagements are announced of Miss M. Joyce Hervey (1928), to Mr. Owen Evans, Round Hill, N.S., and Miss Alma Adams (1919), to William J. Foley, Ottawa.

Mrs. Huggins (nee Janet McNabb, 1920), and her husband, who were missionaries in Central Africa for a number of years, are now living in Kingston, Ontario, where the latter is attending Queen's University.

The sympathy of the members is extended to Misses Christina, Gertrude and Helen Arnoldi in the loss of their mother; Miss Dorothy Jones, her father; Mrs. Neale (nee Julina Stewart), her father; and Miss Ruth Hamilton, her two sisters.

Misses Winnifred Kirkham and Betty Smith (1927), spent the summer at Miss Kirkham's home in Jamaica, visiting Bermuda en route. The former is now doing private duty nursing in Montreal, and the latter is in charge of a ward at the Shriners' Hospital, Montreal.

WESTERN HOSPITAL, MONTREAL: The Alumnae held a very successful bazaar on December 1st, 1928, in the Nurses' Residence.

Miss Marian Nash has recovered from a short illness.

HOMOEOPATHIC HOSPITAL, MONTREAL: Graduation exercises were held in the Nurses' Home on November 23rd, 1928. Eight nurses received their medals and diplomas. They were the Misses M. R. Sleath, E. M. Ashby, M. O. Berry, C. Mason, H. Kennedy,

J. Coyle, W. Murphy and E. Terry. Miss M. O. Berry received the Honour Pin. Refreshments were served at the close of the exercises. In the evening a dance was held and enjoyed by the nurses and their friends.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS: The deepest sympathy of the Association is extended to Mr. George MacKinnon and daughters in the loss of a loving wife and mother. Mrs. MacKinnon was a graduate of the Mount Sinai Hospital, N.Y., and was president of the G.N.A. of the Eastern Townships for two terms. Mrs. MacKinnon was loved by all, and her loss is very keenly felt. Her place can never be filled.

Miss Norah Arguin has returned from a two months' vacation in Ottawa.

Miss Ella Morrisette returned from a holiday with her brother at Iroquois, Ont.

C.A.M.N.S.

SAINT JOHN: A most enjoyable dinner bridge was given by the Overseas Nurses' Club on November 12th, at the home of Miss Lyla Gregory. Following a delicious dinner toasts proposed: were "The King"; "Our Comrades"; and "Mrs. Gregory," the hostess' mother. Misses Burns and Campbell won the bridge prizes. A short business meeting was held afterwards, and the following officers elected: President, Miss Agnes Sutherland; Secretary, Miss Ethel M. McMillan; Treasurer, Miss Lyla Gregory.

On November 30th, 1928, the Overseas Nurses' Club held a well-attended bridge in the Recreation Hut of Lancaster Hospital in aid of the benevolent work among returned soldiers' families. The conveners of arrangements for the evening were Mrs. Scott, Miss Gregory and Miss Cambridge.

WINNIPEG: The annual Armistice Tea of the Nursing Sisters' Club was held in the Marlborough Hotel on November 10th. The guests were received by the president, Miss Edith Hudson, and the following assisted: Mrs. E. Horton (N/S Margaret Kennedy), Mrs. Hambly (N/S Leslie), Mrs. C. W. Davidson (N/S Hilda McColm), Miss McGillvary, Mrs. Gordon Cooper (N/S Janet Smith), Mrs. A. D. McLeod, Miss Mamie Johnson and Miss Letellier. A letter was read from Mrs. J. Parker (N/S Waughn), who had recently left the city to reside in Saskatoon. Her many friends were pleased to learn that she was getting settled in her new home. An invitation was read from the president of the Deer Lodge Hospital Branch of the Canadian Legion, B.E.S.L., in which the nursing sisters were invited to join their Branch, and to then become the Nursing Sisters' Section of that Branch. This question will be taken up at the annual meeting. Twenty-two members of the Club have already become members of the Deer Lodge Hospital Branch of the Legion. The local Club would be interested in hearing what action other Clubs are taking in this matter.

Mrs. Charles Greenwood (N/S Myrtle Jephson), of Edmonton, accompanied by her children, is spending a few weeks in Winnipeg with her mother.

VICTORIAN ORDER OF NURSES

Miss Rebecca MacLennan is relieving on the staff in Sydney, N.S.

Miss M. Isabelle Argue has resigned from the staff in Lachine, Quebec. Miss Argue has accepted a position with the Dominion Bridge Company.

Mrs. M. Macdonald has been appointed to the staff in North Vancouver.

Miss Germaine Dumais has taken the position left vacant by the resignation of Miss Marguerite Pauze from the staff in Cornwall.

Miss Helen Lemke has resigned from the staff in Galt to be married.

Mrs. Rena Moseley has been appointed to the staff in Hamilton.

Miss Rose Nye, of Pembroke, has been granted leave of absence. Miss Bessie Sweeney will be in charge of the Pembroke district during Miss Nye's absence.

Mrs. Jessie Drain has been appointed to the staff in Stratford.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BABCOCK—In November, 1928, to Mr. and Mrs. Babcock (Elsie Smith, Hospital for Sick Children, 1920), a daughter.

BARNES—On December 4th, 1928, at Walkerville, Ont., to Mr. and Mrs. A. W. Barnes (Eleanor Davies, Hamilton General Hospital, 1924), a son (Douglas).

BLIGHT—October 8th, 1928, at Winnipeg, to Mr. and Mrs. W. J. Blight (Ruth T. Parsons, Waterville), a daughter.

BRAITHWAITHE—On March 6th, 1928, at Toronto, to Mr. and Mrs. Jas. Braithwaithe (Evelyn Hanna, Toronto General Hospital, 1920), a daughter (Ruth Mary).

BUCKLEY—On October 13th, 1928, at Montreal, to Mr. and Mrs. E. Buckley (Ida Ibister, Brantford General Hospital, 1924), a daughter.

CRIDLAND—Recently at Toronto, to Mr. and Mrs. James Cridland (Lottie Banton, Toronto Western Hospital, 1925), a daughter.

DRUMMOND—On November 23rd, 1928, at Los Angeles, to Mr. and Mrs. Harvey Drummond (Margaret Howe, Winnipeg General Hospital, 1911), a daughter.

FULLERTON—On November 15th, 1928, to Mr. and Mrs. Burgess Fullerton (Chrissie Higgins, General Public Hospital, Saint John, N.B., 1924), a son.

HUBLEY—On November 27th, 1928, at Toronto, to Mr. and Mrs. Kenneth Hubley (Carrie Heney, Grace Hospital, Toronto, 1922), a son (David Eric).

JACQUES—On September 23rd, 1928, at St. Catharines, Ont., to Mr. and Mrs. Arthur Jacques (Ethel Dell, St. Catharines General Hospital, 1922), a son.

MORRISON—In August, 1928, at St. Mary's, Ontario, to Mr. and Mrs. W. Morrison (Winnifred Allan, Toronto General Hospital, 1922), a daughter (Joan Katherine).

STEELE—On November 13th, 1928, at St. Catharines, Ontario, to Mr. and Mrs. Wilfred Steele (Mary Metcalfe, St. Catharines General Hospital, 1923), a son.

STOREY—In November, 1928, at Riverside, Ont., to Mr. and Mrs. Storey (Marion Star, Hospital for Sick Children, 1917), a son.

WILLIAMS—On November 12th, 1928, at Winnipeg, to Mr. and Mrs. A. Williams (Olive Mitchell, Montreal General Hospital, 1925), a daughter.

MARRIAGES

BOADWAY—ROMBOUGH—On November 8th, 1928, at Finch, Ontario, Mabel Rombough (Toronto Western Hospital, 1925), to Cecil Boadway, of Toronto.

BROWN—WEBSTER—On October 17th, 1928, at Montreal, Ruth Helen Webster (Hamilton General Hospital, 1926), to Alexander Brown, of Montreal.

COSTER—JONES—On August 28th, 1928, at Petitcodiac, N.B., Katherine Jones (St. John's Hospital, 1927), to the Rev. Selwyn Coster, of Rothsea.

DICKESON—WOODSWORTH — On December 11th, 1928, at Edmonton, Marion Josephine Woodsworth (Royal Alexandra Hospital, Edmonton, 1926), to Donald Charles Dickeson.

DWYER—QUINLAN—In July, 1928, Frances Quinlan (St. Joseph's, Hamilton), to Edward Dwyer, of Hamilton, Ont.

FITZGERALD—KINNEY—On September 15th, 1928, Cleophas Kinney (St. Joseph's, Hamilton, 1924), to Dr. Gerald Fitzgerald.

GORMAN—CUNNINGHAM—On June 8th, 1928, at Arnprior, Anna Cunningham (Hotel Dieu, Kingston, 1917), to John Gorman, of Detroit, Mich.

HARVEY—BARRY—On November 14th, 1928, in New York City, Emma Ella Barry (General Public Hospital, Saint John, N.B.), to Herbert Stanley Harvey. At home, 154 East 28th Street, New York City.

KAJOK—McCANN—On November 3rd, 1928, in Brooklyn, Lillian McCann (Kingston General Hospital, 1921), to Edward Kajok, of Brooklyn, N.Y.

KNAPP—REDMOND—In Detroit, Helen Redmond (Hotel Dieu, Kingston, 1919), to Mr. Knapp. At home—Lansing, Mich.

MACLEOD—MACLEAN — On September, 26th, 1928, at North Wiltshire, P.E.I. Florence May MacLean (Royal Victoria Hospital, Montreal, 1928), to the Rev. W. J. MacLeod, M.A., B.D., of New Glasgow, P.E.I.

MOLKE—JOHNSON—Recently in New York City, Ethel M. Johnson (Hospital for Incurabes, Toronto, 1928), to Herbert Molke.

SIMPSON—BRAY—On August 24th, 1928, at Huntsville, Ont., Eva Bray (St. John's Hospital, Toronto, 1927), to Errington Simpson.

THEAL—FERGUSON—Recently at Evanston, Ill., Susie Ferguson (St. Joseph's, Hamilton, 1924), to Mr. Theal, of Evanston.

THOMPSON—BING—On July 21st, 1928, in Toronto, Margaret Bing (Hospital for Incurables, Toronto, 1925), to Albert Thompson.

WHITTLES—SMITH—At Montreal, in July, Miss Winnifred Smith (Montreal General Hospital, 1921), to Thos. Whittles, of North Bay, Ont.

WILLIAMS—JOHNSTON—In March, 1928, at Collingwood, Ont., Mabel Johnston (St. John's Hospital Toronto), to the Rev. Mr. Williams.

DEATHS

BYRNE—On July 18th, 1928, at Perth, Ont., Florence Byrne (Hotel Dieu, Kingston, 1920).

EVANS—On October 13th, 1928, at Toronto, Avarine Maude Evans, formerly superintendent, Toronto Graduate Nurses' Club.

FRASER—On November 18th, 1928, at Hamilton, Ont., Jessie Fraser (Brantford General Hospital, 1920).

HASTINGS—On November 25th, 1928, at her home in Quebec City, Mrs. (Dr.) Hastings (nee Gladys Nelson, Montreal General Hospital, 1917).

LA HIFF—On October 18th, 1928, at Hamilton, Ont., Margaret La Hiff (St. Joseph's, Hamilton, 1918).

MACKINNON—On November 4th, 1928, at Sherbrooke, P.Q., Mary Louise Bowman, wife of George D. MacKinnon.

McINTOSH—On October 25th, 1928, Jessie McIntosh (Mack Training School, St. Catharines, 1882).

STOREY—On November 21st, 1928, at Saint John, N.B., Georgina Alward Storey (General Public Hospital, Saint John).

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Manitoba Association of Graduate Nurses, January 18th, 1929; Association of Registered Nurses for the Province of Quebec, January 29th, 1929.

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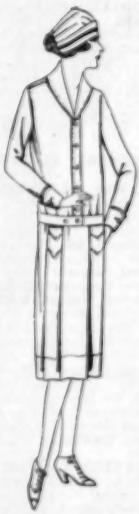

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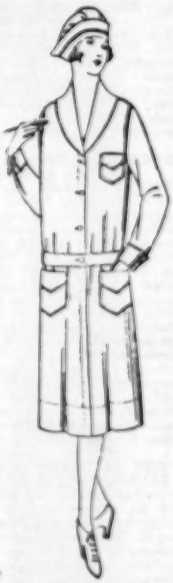

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